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the f	100	-	I. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION	ive street address)	d. STREET ADDRESS 2811
70	/題)	1	RUXWAY MAHOX	NURSING HOME	79141181414
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led s	14		Type or print) IRE	YF A	OF DEA
ely filled in by the f Pages 1 and 2 shau		5. 5	EX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED	B. DATE OF BIRTH
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and bon	1)	13.	HOUSEWIFE FATHER'S NAME		14. MOTHER'S MAIDEN NAME
io o o			1060111/0	26	
ng physici s remave 72 hours		15	WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. SOCIAL SECURITY NO. 17.	INFORMANT
ph Pho			no. or unknown) (If yes, give wor or dates of s	ervice)	
ding F		_	NU		NURSING 140M
the attending physician and camp. Then please remave carbon papers vent within 72 hours affer death.	1 203		1B. CAUSE OF DEATH [Enter only one co	use per line for (d), (b), and (c).	
the at Then I	2.38		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a	Pulmana	my ealling
43	Helica		DUE TO	1	V
igned by permit. in any			Conditions, if any, which) (b	anemi	a
gned by permit. in any			gave rise to immediate DUE TO		1
ion. Insit and			lying cause last. (c	- Carcin	ama of Ala
0 D -		0 N	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISE
	0	3			0
ing plass te has burial remay	100	CERTIFICATION	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	206. DESCRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Part 1 or 1
ficate the bu			(IF EITHER, NOTIFY MEDICAL EXAMINER)		
cert cert e os	100	MEDICAL	20c. TIME OF INJURY Month, Day, Yes		LACE OF INJURY (Home, farm, 20f. (C
S S S	1	MED	Hour a. ft. p. m. 19	While Not while at work at work	actory, street, office bldg., etc.)
for for cre	· Y	H	21. I certify that I attended the	deceased from CLAA/	0 , 1958 to ano
he haspi R: After ached fo burial, a			alive on and 11		1/16 = ()
			dive on	., 195 o, and that deat	ADDRESS
- TO	500		ACTUAL COMPANY	I delinere	Julha II
0 0c	1		SIGNATURE V. C. S.	1.79/20/10	M.D. CALARIES CO.
	- /		PHYSICIAN'S GEORG	E 1. GILMORE	LITHER
NERAL JNERAL je 3 shou registror	27011	220	BURIAL, CREMATION, 226. DATE THERECO	F 22c. NAME OF CEMETERY	OR CREMATORY 22d, LOC
may be reta O FUNERAL page 3 shartheregistrar		7	DEALOVAL /Smariful	1258 OFN DA -111	// 22d. LOC
E O g =		23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24g. REC'D BY REG
/S A15 (4)	R	-	m. Cook-Towson, In		
15M 9/55	1	_	,	Towso	4 Ma DAIL HOUT O
537			ALTERNATION OF THE RESIDENCE OF THE PARTY OF	MILITER ISON	

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Item 2, Film G234, 10/3/58 CERTIFICATE OF DEATH

8755 CERTIFICATE OF DEATH Reg. Dist. No.

	PLACE OF DEATH		2. 1	USUAL RESIDENCE (Wh	ere deceased live		: Residence be	fore admission)
	BALTIMORE	MARYLA	AND	MARY LAK	(1)	b. COUNTY	ALTIN	IURE .
1	 CITY OR TOWN (If autside corporate limits RURAL and give nearest town) 	s, write c. LENGTH OF STAY IN	1 1b	CITY OR TOWN (IF O	utside corporate l	imits, write RUI	RAL and give r	(earest town)
	RURAL (TOWSON		X	HUIRMIL	- THI	418191	/ . Bal	timore
	d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION	ve street address)	1	d. STREET ADDRESS	2811 Han	pden A	ve.	e. IS RESIDENCE ON A FARM?
1	RUXWAY MAHOR	NURSING HOI	ME '	1911/7/184	14 FY 14 PM	1/43.		YES NO
	NAME OF Firs	A		Last	4. DATE OF	Month		Day Year
_	Type or print) \bot $X \succeq D$	1E	ACKI	ERMAN	DEATH	AUGU	ST /	1 1958
5. 5		7. MARRIED NEVER MARRIED	B. DA	TE OF BIRTH	9. A		Months Days	Hours Min.
_/		WIDOWED DIVORCED	- I/V_U	V-25,18	811	76 yrs.	- Duy	TIOUTS MIN.
0a	. USUAL OCCUPATION (Give kind of work d during most of working life, even if relired)	one 10b. KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Stote	or foreign country	1).	12. CITIZEN	OF WHAT COUNTR
_	HOUSEWIFE				AND.		u	, 5. A:
3.	FATHER'S NAME		14	. MOTHER'S MAIDEN N	AME -	./		
	John W. Jon	e5		Carrie	L. F	1/05		
	WAS DECEASED EVER IN U. S. ARMED FORCE The control of the control	rvicel	17. INFOR			Addres		2
	NO	214-01-5493	p. MU	RSING 14	OMER	ECORD	5-191	12 RUXWII
	1B. CAUSE OF DEATH [Enter only one cau	se per line for (q), (b), and (c).]		1			IN	ITERVAL BETWEEN
d	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Pulmin	any	Caller	na.			3/11
	DUE TO	/1	. 1					
	Conditions, if any, which (b).	anem	a		1	1		í
	gave rise to immediate DUE TO	0						-7
	lying cause last. (c)	Carcin	May	na of	Alaxin	rds		i
2	PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEAT	H BUT NOT	RELATED TO THE TERMI	NAL DISEASE COI	NDITION GIVE	N IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
5				(·				YES NO
CEKI	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCC	CURRED. (En	ter nature of injury in P	art I or Part II of	item 1B.)		
3	20c. TIME OF INJURY Month, Day, Year		Oe. PLACE C	F INJURY (Home, farm,	20f. (City or to	wn)	(Count	y) (State)
MED	Hour a. ft. p. m. 19	While Not while at work at work	raciory,	street, office bldg., etc.	'			
	21. I certify that I attended the	deceased from CLAAA	1107	1058 to a	12011	1055	that I last	saw the decease
	alive on ang 11	(1	leath acc	urred at 41.30 T	- (1			ate stated abov
	1	/ //	icam occ		ADDRESS (Street,			DATE SIGNI
	ACTUAL SIGNATURE	Tollenere	- 40	Lither	Up h	nal		8/10/15
		And describe	M.D.	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		/_U_C	λ.	
	PHYSICIAN'S GEORG	E. I. GILMOR	RE.	LUTHE	RVII	JE	JY,	1
20	BURIAL, CREMATION, 22b. DATE THEREOF	IDACK	ERY OR CRE	MATORY	22d. LOCATION	(City, town, or	county)	(State)
Z	BURIAL HUG-14-	1258 CEDAR 1	FILL		BALTIA	UDRE	MD -	
3.	funeral director's signature Im. Cook-Towson, Inc	ADDRESS	D 3		BY REGISTRAR	24b. REGISTI	RAR'S SIGNAT	URE
41	m. OOOK-TOMPOH, TH	c., 1050 York 1	Road A	DATE AL	IG 1 3 '58	an	Lun 8 3	

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VS A15 (4) 15M 10/57

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

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8757 CERTIFICATE OF DEATH

Reg. Dist. No.

		-								
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYL	AND	2. USUAL RESIDENCE (W o. STATE Maryl		d lived. If institutio b. COUNTY	n: Residence	Law	mission)
b. CITY OR TOWN (III RURAL ond give ne	outside corporate limi arest town)	ts, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (IF Catonsville	17000	rote limits, write RU	IRAL ond give	e nearest t	own)
OR INSTITUTION	AL (If not in hospital, g S. Rolling		ddress)		d. STREET ADDRESS S. Rolling	Road	#28		OI	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	HILD		MAE	A	NDERSON	4. DATE OF DEATH	August		Day	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED 🚺 NEVER MARRIED		B. DATE OF BIRTH		9. AGE (In years lost birthday)			
Female	White	WIDOWE	DIVORCED		Sept. 24. 18	94	63 yrs.	Months Do	bys Hou	ers Min.
100. USUAL OCCUPATION during most of work Housewife	DN (Give kind of wark or ing life, even if retired	dane 10b. K	CIND OF BUSINESS OR	INDUS	TRY 11. BIRTHPLACE (Stote Calvert C	or foreign county,	ountry) Maryland		N OF WI	AT COUNTR
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
Julius B.	Ward				Vertie Hu	tchins				
15. WAS DECEASED EVER	R IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO.	17. IN	IFORMANT		Addre	ess		
No	, , , , , , , , , , , , , , , , , , ,			Mr	. Arthur D.	Anders	on-S. Rol	ling F	Road	#28
Conditions, if or gove rise to it cause (a), stating lying couse tost.	the <u>under-</u> DUE TO	Hy	perten						5yrs	plos
PH. HO.	S UNDERLYING CAUSE OF DEATH	one	Cerebr	o Va	OS CU / V	Acces	tent Pro	EV HO	JV PE	RFORMED?
20c. TIME OF INJUR Hour o. m. p. m.	MEDICAL EXAMINER) Y Month, Doy, Yea	20d. IN While of work	_ Not while _	Oe. PLA	CE OF INJURY (Home, ford lory, street, office bldg., et	m, 20f. (City	y or tawn)	(Cou	unty)	(State
actual signature Physician's NAME (Type)		182 Pos red+	and that of	m	accurred at 950	ADDRESS (S Fy 2)	treet, city or town,	nd an the toto) IVE Me	date st	ated abar DATE SIGN
270. BURIAL, CREMATIO SEMOVAL (Specify) BURIAL	8/16/58)r			k Cemetery	Woo	TION (City, town, o	ryland	l	Stole)
23. FUNERAL DIRECTOR:	s signature	For	ADDRESS	7, 2.	nd. DATE	UG 1 8	TRAR 24b. REGIS	TRAR'S SIGN	ATOREIA	

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director, death. Funeral pe shauld and puc pou physician tending a b permit. signed pup burial-transit attending SO detached to burial, FUNERAL DIRECTOR: priar he registrar page 2

VS A15 (4)

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Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write C LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) YEAR S PRGE d. NAME OF HOSPITAL (If not in hospital_give street address) d. STREET ADDRESS e. IS RESIDENCE 0-0 OR INSTITUTION ON A FARM? YES NO A 3. NAME OF 4. DATE Middle Lost Manth Day Yeor __ DECEASED OF DEATH (Type or print) 19.5 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED Months Days WIDOWED [DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? OFFICE WORK BALTIMORE U-S-A LER 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME E. BICHY REILLY CHARLES MOLLIE 17. INFORMANT WIFE IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 19 REGESTER AVE KATHERINE B. BICHY 212-09-0261 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES TO NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e. PLACE OF INJURY IHome, form, 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20f. (City or town) Day, Year (County) (State) foclory, street, office bldg., etc.) a. m. While Not while of work at work p. m. , 19.5 X, to 21. I certify that I attended the deceased fram. 195 that I last saw the deceased M. from the causes and an the date stated above. alive an and that death accurred at ADDRESS (Sireet city or lown, state DATE SIGNED ACTUAL PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF SEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Mulas 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR DATE AUG 1 arthur S. Trans

MARYLAND STATE DEPARTMENT OF 18 ACTH. BALTIMORE 18

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Dom	Disa	No.	8	7	5	1
Red.	Dist.	No.				

		DUNTY Baltimore MARYLAND O. STATE Maryland Lounty Catonsville Catonsville AME OF HOSPITAL (In oin index caporate limits, write RURAL and give Rala and give accessed lown) Catonsville AME OF HOSPITAL (In oin in bappile, give street oddress) R INSTITUTION Caton Ridge Nursing Home AND STATE ADATE BONN ACTIONN AC	st. No.	1187	50							
1	PLACE OF DEATH o. COUNTY	Baltimore		MARYLAND	o. STATE					ice befor	e admissie	on)
1	RURAL and give ne	aresi lown)		c. LENGTH OF STAY IN 16		,	itside corpore	ote limits, write R	URAL and	give nea	rest town)	
	d. NAME OF HOSPITA OR INSTITUTION	Caton Ridg	e_Nu	rsing Home	1 /		Road	#12			ON A YES	
3.	NAME OF DECEASED (Type or print)						OF DEATH	Augus	t 01		1	rear 9 58
	sex Famale									Days Days	Hours	Min.
I	during most of work	N (Give kind of work ing life, even if retired	dane 10b	. KIND OF BUSINESS OR IND	Mary	land		untry)	12. CI	IZEN O	F WHAT	COUNTRY
	Thomas E. H	Mallowell			Regin							
(4						н. В	onn-50			oad	#12	
Z	gave rise to it couse (a), stating fying couse last.	ny, which the under-)					CONDITION GIV	VEN IN PAR	RT 1(o) 1	9. WAS A	AUTOPSY
CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJURY OCCURR	RED. (Enter nature of	Finjury in P	ort I or Port	11 of item 1B.)			YES [
MEDICAL	20c. TIME OF INJUR' Hour o. m. p. m.		While	Not while	PLACE OF INJURY (I octory, street, office	Hame, form, bldg., etc.	20f. (City	or town)	/	(County)		(Stote)
		, Th	decea _, 19_, ne;	sed ingili.	M.D. So	33	M, fram	the causes of reet, city or town,	and an t		te state	
22	Po. BURIAL, CREMATIO REMOVAL (Specify) Burial	N, 22b. DATE THEREC	F B	22c. NAME OF CEMETERY Woodlawn Ce	OR CREMATORY		22d. LOCAT	ION (City, town,		d	(Stote	e)
23	FUNERAL DIRECTOR	SSIGNATURE	La	ADDRESS	5 920	24a. REC'C	BY REGISTI	RAR 24b. REGI	STRAR'S SI	GNATU		

CERTIFICATE OF DEATH	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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P. W. S. S. S. Market		
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VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8761 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No. 08752

1	PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	Baltimore MARYLAND	o. STATE Md. b. COUNTY Baltimore
1	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Boring	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Boring
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	Old Hanover Road	/ Old Hanover Road
3	NAME OF First Middle DECEASED (Type or print) William Preston Boss	Om 4. DATE Manth Day Year OF DEATH Aug. 5, 1958 19
5	. SEX 6. COLOR OR RACE 7- MARRIED NEVER MARRIED 18.	DATE OF BIRTH 9. AGE (In years IFUNDER 1YEAR IF UNDER 24 HRS.
	Male White WIDOWED DIVORCED	### 7/2/1891 G7 yrs. Months Days Hours Min.
1	Da. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTI during most of working life, even if retired)	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
/	Retired Railroad Engineer	Maryland U.S.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Oliver W.Bossom	Mary Belle Wilhelm
		IFORMANT Address
1,	Ves. no. or unknown? (If yes, give wor or dates of service) 717-07-6003 Ra	ymond E.Bossom, Boring, Md.
F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL DETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: Shot thru rt. 1	temple with 22 revolver 10 min.
	976× DUE TO	(suicide)
	Conditions, if any, which) (b)	
	gave rise to immediate cause	
	(a), stoting the underlying cause lost.	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	none	PERFORMED? YES \(\sqrt{NO} \sqrt{N} \)
Total Control	200. EXTERNAL CAUSE WAS PRIMARY STORY CONTRIBUTING DECEASED Shot his CAUSE OF DEATH.	nter noture of injury in Port For Port II of item 18.) .mself thru rt. temple with 22 revolve
13	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, form, 20f. (City or town) (County) (State)
10000	Hour XX. Aug. 5 1958 of work of work Aug. 5	ory, street, office bldg., etc.) Bering Belto Md.
		ve, held an Autapsy [], Inspection [3], Inquiry [3], and find that
	death resulted from: Natural causes, Accident, Suid	
	ACTUAL SIGNATURE 2,2, Caples	M.D. CHIEF MEDICAL EXAMINER []
		ASSISTANT MEDICAL EXAMINER 8-6-58
	EXAMINER'S D. D. Caples, M. D.	DEPUTY MEDICAL EXAMINER
2	20. BURIAL, CREMATION, REMOVAL (Specify) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	Burial Aug.8,1958 Pleasant Gr	ove Boring.Md.
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	J.F. Eline & Sons . Reisterstown . Md	DATE AUG 8 '58 Ull-Leduch

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VS A15 (4) 15M 10/57

8762 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08753

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Baltimore			MARYLA		o. STATE Maryla		lived. If institution b. COUNTY	on: Residence t	pefore od	mission)
b. CITY OR TOWN (If a	utside corporate limi	s, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (IF	outside corpore	ote limits, write R	URAL ond give	nearest t	own)
Fort Howa			3 Days		Baltin	nore	3	YO1-	4	
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, g	ve street	address)		d. STREET ADDRESS				e. 15	RESIDENCE N A FARM?
	Administr	ation	n Hospital		2022 1	W. Wolfe	e Street			NO DX
3. NAME OF DECEASED (Type or print)	Fir WILL		Middle		Lost BOWMAN	4. DATE OF DEATH	Mon	ust	Day 2	Yeor 19 58
5. SEX 6	. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	DO B.	DATE OF BIRTH	9	P. AGE (In years last pirthday)	IF UNDER 1 Y	EAR IF UI	
Male	Negro	WIDOWI			lay 27, 1917	7	last birthday)	Months Do	ys Hou	rs Min.
10a. USUAL OCCUPATION	(Give kind of work	lone 10b.	KIND OF BUSINESS OR				intry)	12. CITIZEI	N OF WH	AT COUNTRY?
during most of working Truck Driv	lite, even it refired		Produce		Baltimon			U.	S.A.	
13. FATHER'S NAME	-				14. MOTHER'S MAIDEN	1	,			
William Bo	urman		1 5 PM 16	198	Queenetta	Wilson	n			
15. WAS DECEASED EVER I		CES? 16.	SOCIAL SECURITY NO.	17. INF	DRMANT	* MITTOO	Add	ress		
Yes no. or unknown) (if)	res, give wor or doles of se	rvice		C1 4	in.Records,	Wet A	im Hogo	Tr4 L	Intra	a Ma
		na ass li	ne for (o), (b), ond (c).]	O.L.	in-necorus,	Vet. A	mir. nosp			
	WAS CAUSED BY:		Marian - Table - To					d	NIERVAL	BETWEEN ND DEATH
	AMEDIATE CAUSE (o	BRC	NCHOGENIC C	ARCI	NOMA, RIGHT	LUNG		1	2 Mo	nths
Conditions, if any, gove rise to imm couse (a), stoting the lying cause lost.	nediote (BEREBETILUM HI	EWOR	RHAGE				5	Days
PART II. OTHER 20a. ACCIDENT WAS IN OR CONTRIBUTING IN OFFICE OF CONTRIBUTING IN OTHER ME	SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE TERM	MINAL DISEASE	CONDITION GIV	EN IN PART 1(c	PET	AS AUTOPSY REORMED?
	UNDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED.	Enter noture of injury in	Part 1 or Part 1	II of item 18.)			
ZOC. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yea	r 20d. It While of work	_ Not while _	e. PLACI factor	OF INJURY (Home, fari y, street, office bldg., et	m, 20f. (City o	or tawn)	(Cour	nty)	(State)
21. I certify that	VAuttended the	deceas	ed from July 3	0.	1958 to A	noust 2	1958	thestelekow	homost	radamad
			Coccond that do		ccurred of 10:00	P.M. from		nd an the		
	IEN WEI L				VAH, For	t Howar	d, Mary	land	8,	/3/58
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	8 7/1	158	22c. NAME OF CEMETE Baltimore			Bal	timora.	Ma	(5	tate)
23. FUNERAL DIRECTOR'S S	IGNATURE #		ADDRESS		24a. REC		AR 245 REGIS	TRAR'S SIGNA	TURE	
Elroy Wilso	-Funeral	Home	2004 Orle	ans	St. DATE	11000	-	resu	en.	
				, Md						

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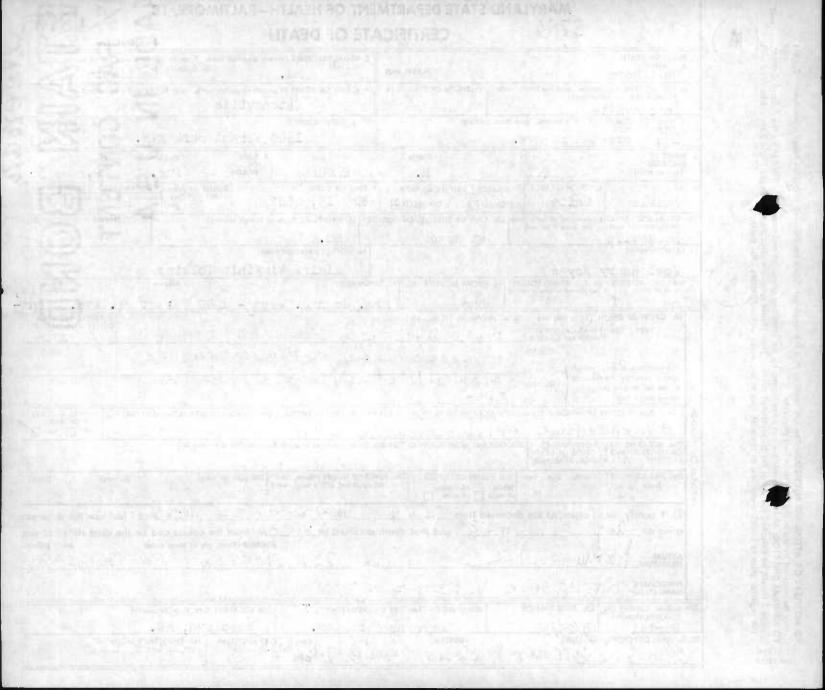
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8764

CERTIFICATE OF DEATH

08755

						Keg. Dist. P	VO.	
1. PLACE OF DEATH 6. COUNTY Baltimore	e	MARYLAND	2. USUAL RESIDENCE (Vo. STATE Md.		lived. If instituti b. COUNTY			sion)
RURAL ond give		c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (III	f outside carpore		URAL ond give	nearest taw	n)
OR INSTITUTION	ITAL (If not in hospital, give street	address)	d. STREET ADDRESS		st Park .	Ave.	ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First ETTA	Middle R.	BROOKS	4. DATE OF DEATH	Mon Au	1th	Doy	Yeor 19 58
5. SEX Female	White widow		8. DATE OF BIRTH May 15, 188	32	P. AGE (In years last birthdoy) 76 yrs.	Months Day	AR IF UND	
10a. USUAL OCCUPATI during most of wo Housewif	ION (Give kind of work done 10b. rking life, even if retired)	at home	ISTRY 11. BIRTHPLACE (Stor	le or foreign co	untry)	12. CITIZEN	OF WHAT	COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME				- 41
Joel Hen	ry Hayes		Elmira V	Virginia	a Collin	S		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. I	INFORMANT		Add			ville
no		none M:	rs. John J. W	West -	Ullo For	est Pk.	Ave.	Catons
Canditions, if a gove rise to couse (o), stating lying cause lost.	the under-	hood Dyscal Noteral St Peniod	ved Afta	ex /	Hensyl	ve	NSET AND	2 VRS
HYPER 200 ACCIDENT W		TERIOSCICROT CRIBE HOW INJURY OCCURRE	TIC CARDIOI	vaseul	an di	SEASE_	PERFO YES	DRMED?
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Doy, Year 20d. II 19 While of wor	Not whileto	ACE OF INJURY (Home, far ctory, street, office bldg., e	rm, 20f. (City o	or town)	(Count	(y)	(Stote)
21. I certify to olive on	hot I attended the decease at 12.1	58, and that deoth	, 195 ² /, ta n occurred ot 2! 55 M.D. 722	ADDRESS (Stre	/ '		date state	deceased ed above ATE SIGNED
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	CATHARINE ON, 1226. DATE THEREOF	V. KEMP	R CREMATORY	22d. LOCATIO	ON (City, tawn, c	or county)	(Stote	
REMOVAL (Specify Burial	8/25/58	Lorraine		Wood	dlawn, M	d.		e)
23. EUNGRAL DIRECTOR	Sixtenes 4	Xous-Vaa	ello 17 Hell Al	C.B. S. REGISTS	AR 24b. REGIS	TRAR'S SIGNAT		



151

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8765 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08756

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY	Balto	MARYLAND	2. USUAL RESIDENCE (V		b. COUNTY Ball	
and give nearest town		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	Committee of the commit	mits, write RURAL and	give nearest town)
	AL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
9531	BURTUN	AVE.	9531 Burto	on Av		YES NO G
3. NAME OF -DECEASED {Type or print}	First GEORGE	middle THOMAS BROUMLE	Y Last	4, DATE OF DEATH	Aug 28	Doy Year 58
5. SEX ma.le	-1-21-	MARRIED NEVER MARRIED S	DATE OF BIRTH 21 Jan 1881		(in years EFUNDER Months Funder Months Months Mo	YEAR IF UNDER 24 HRS
during most of working	ON (Give kind of work done ng life, even if retired) RMAKER	106. KIND OF BUSINESS OR INDUS		or foreign country) TIMOR		U, S, A.
13. FATHER'S NAME	LERED B	ROUMLEY	14. MOTHER'S MAIDEN N		UMPF.	
	/ER IN U. S. ARMED FORCES	16. SOCIAL SECURITY NO. 17.	NFORMANT Matilda C B		Address	
18. CAUSE OF DEA	TH [Enter only one couse pe TH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	Myocardial				INTERVAL BETWEEN ONSET AND DEATH
Conditions, If a gove rise to imme (o), stating the couse last.	diate cause underlying DUE TO		Advanced Ath			undet
0	HER SIGNIFICANT CONDITIC Lnutrition	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE COND	OITION GIVEN IN PART	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	USE WAS 20b. DE	SCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Par	rt I or Port II of item	18.)	
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Day, Year		CE OF INJURY (Home, farm lary, street, office bldg., etc.		n) {Cau	nty) (State)
		the remains described aboves , Accident , Su			ion , Inquir	$y \square_{\mathbf{x}}$ and find the
ACTUAL SIGNATURE	John	2. layce	M.D. CHIEF MEDICAL EXAMPLE.	XAMINER [DATE SIGNED
EXAMINER'S NAME (Type)	John C. Hyle	MD	DEPUTY MEDICAL	35	8-	28-58
220. BURIAL, CREMATIC REMOVAL (Specify	ON, 224, DATE THEREOF	8 HOLY REDE	EMER CEM		City, town, or county) BELAIR	RD MD.
23. FUNERAL DIRECTOR	nn	ADDRESS 110 BELAIR N			24b. REGISTRAR'S SIG	NATURE Trans

VS. A15ME(5) 5M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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08757

8766	CERTIFICA	ATE OF DEAT
PLACE OF DEATH		2. USUAL RESIDENCE (V

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Balto. MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Balto.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Catonsville
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR INSTITUTION OR INCLUDE: OR INSTITUTION OR INSTIT	d. STREET ADDRESS 1 Fairview Ave. e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ernest Jetson Brown	Lost 4. DATE OF August 29, Day Year 58
5. SEX Male 6. COLOR OR RACE Colored 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. Date Of 81RTH March 5, 1920 9. AGE (In yeors If UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer Construction	USTRY 11. BIRTHPLACE (Stote or foreign country) Dickenson, Maryland USA
13. FATHER'S NAME Luther William Brown	14. MOTHER'S MAIDEN NAME Bertie E. Dorsey
(Yes on as unknown) . Iff we also was as data of contact	ertie E. Brown Dickenson, Md.
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove rise to immediate couse (a), stoting the under: lying cause lost.	
Part II. Other Significant Conditions Contributing to Death But Chronic Bronchitis	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO PORT 1 OF PORT 1 OF PORT 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form, octory, street, office bldg., etc.) 20f. (City or town) (County) (State)
	h., 1957, to Aug 29th., 1958, that I last saw the deceased haccurred at 1.30 M, from the causes and an the date stated above. P.M. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 57 Winters Lane 28
220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY aptist Church Poolsville, Md. (Slote)
23. Unferto Des GORS SIGNATURE ADDRESS A. Halstead 918 Druid Hill Ave. Balto	1, Md. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 '58 Control & Tomas

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital, or attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached forces as the burial-transit permit. Then please remove carbon paper prior to burial, cremation, or removal, and in any event within 72 hours after death:

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VS A15 (4) 15M 9/55

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VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 1	8
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8767 CERTIFICATE OF DEATH

08758

1. PLACE OF DEATH o. COUNTY	Balto.		MARYL		o. STATE	(Where decease	d lived. If institution b. COUNTY	on: Residence	Balt	
RURAL and give r	(If outside corporate limit nearest town) erstown	s, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	(If outside corpo		URAL and gi	ve nearest	lown)
d. NAME OF HOSPI OR INSTITUTION	1TAL (If not in hospital, g 250 Chats				d. STREET ADDRESS		orth Av	е	(S RESIDENCE ON A FARM? ES NO 🔼
3. NAME OF DECEASED (Type or print)	Frank	st	Middle L • •		lost Brown	4. DATE OF DEATH	2	•	6 Day	Year 19 58
s. sex Male	White	WIDOWI	_		Nov.4,18		9. AGE (In years tast birthdoy) 85 yrs.			OURS Min.
during most of wo Forman	ION (Give kind of work of king life, even if refired) TOP Balto	one 10b.	NIND OF BUSINESS OR Roads	INDUSTR	Mary	ote or foreign cland	auntry)	12. CITIZ		VHAT COUNTRY
13. FATHER'S NAME John	Brown					cca My	ers			
1S. WAS DECEASED EV	TER IN U. S. ARMED FOR	ervice) 1	social security no. None	Mr.	Carroll	Brown	Reiste		n,Mo	i.
PART I. DE 33/X Conditions, if a gove rise to cause (o), stating lying cause lost	immediate DUE TO)		l He	morrhage)	101		INTERV	ALD BETWEEN AND EATH ZOAYS
CATIO	THER SIGNIFICANT CON	no	ne				2 1 6 7	EN IN PART	P	PERFORMED?
	/AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)		cribe how injury oc							
Hour a.m.	1101149	While of war	Not while	orre	OF INJURY (Home, f y, street, affice bldg.,	etc.) no	ne		ounty)	(State)
21. I certify t	^ -	_, 195	8 , and that	death a		M, frai	n the causes of treet, city or town,	nd on th	ast saw e date	the deceased stated abave DATE SIGNED
ACTUAL SIGNATURE		pl		M.C	6 Hano				8	<u>-8-58</u>
NAME (Type)	D. D. Cap ON. 22b. DATE THEREO Aug 9	F	22c. NAME OF CEME		REMATORY	22d. LOCA	In, Md. TION (City. town, o	or county) Md •		(Stote)
23. FUNERAL DIRECTO	r's signature ne & Sons	Re	ADDRESS	n Ma	24g. R	AUG 1 1	758 24b. (REG!	STRAK'S SIG		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physicion. TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached force as the burial-transit permit. Then please remove carbon page 1 and 2 should be filed with the registrar prior to burial, cremotion, ar removal, and in any event within 72 fours ofter death.

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8768

CERTIFICATE OF DEATH

Reg. Dist. N

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	Keg. ott. 140.
1. PLACE OF DEATH o. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY MARYLAND BRITTMBBE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) HEREFORD	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **HEREFORD**
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	J. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\text{NO} \) NO \(\text{Y} \)
3. NAME OF DECEASED (Type or print) PAY ETHEL	BILL 4. DATE Month Doy Year OF DEATH ALG. 1 1955
5. SEX 6. COLOR OR TACE 7. MARRIED NEVER MARRIED XX FEMALE WHITE WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) 66 yrs. BEPT 9 1892 9. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE OPERATOR MEN'S HATS INC.	MARYLAND U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
JACOB H. BULL 1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 19es. no. or unknown) 19es. no. or unknown) NONE 17. IN 212-05-9042	INFORMANT Address ELMAR H. BULL MONKTON MD.
1B. CAUSE OF DEATH [Enter only one couse perfine for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate cosse (o), stating the under-lying couse lost. (c)	7 the breast ONSET AND DEATH
CATIC	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
206. ACCIDENT WAS UNDERLYING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED 206. DESCRIBE HOW INJURY OCCURRED	ED. (Enter noture of injury in Port I or Port II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED to the p. m. 19 While Not while of work to the p. m.	LACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) sclory, street, office bldg., etc.)
4	h accurred at 5 PM, from the causes and an the date stated above ADDRESS (Street, city or town, stote) DATE SIGNI
PHYSICIAN'S AME (Type)	MD. Taskeron me 7/3/5
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS JOHN SUNNS THE PROPERTY OF	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

	day (1280)			
			15 (4)	
	3) 201, 5.	A THE STATE OF THE		
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Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO Month Day Yeor 9. AGE Pyears IF UNDER 1 YEAR IF UNDER 24 HRS. thdoy) Months Days Hours Min. 12. CITIZEN OF WHAT COUNTRY? Addre INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? YES NO IL 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 18.) (County) (State) . 195 %, that I last saw the deceased ____, and that death accurred at 6. 30P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, towns or county) 246. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	State Man		

Baltimore

1. PLACE OF DEATH

o. COUNTY

MARYLAND

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ly filled in by the funeral director,	oges 1 and 2 should be filed with	(
attending physician and correletel	n please remove carbon po	within /2 hours after death.
certificate has been signed by the	should be detached soffuse as the burial-transit permit. Then please remave carbon poles I and 2 should be filed with	trar prior to burial, cremation, or removal, and in any event within /2 haurs after death.
AL DIRECTOR: Afte	hould be detoched why	iror prior to buriol, cremo

24 within requires that the ATTENDING PHYSICIAN: The poge 3 st

b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 26 days Baltimore Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS 1908 N. Longwood St Veterans Administration Hospital NAME OF First Middle 4. DATE OF DEATH (Type or print) WINLAS R CAWTHORN August 6. COLOR OR RACE 7. MARRIED THEYER MARRIED S. SEX B. DATE OF BIRTH 9. AGE (In years lost birthdoy) WIDOWED | Male Colored DIVORCED T August 15 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY TI. BIRTHPLACE (Slote or foreign country) Raleigh, West Virginia Freight car operator Chemical Co. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Roy Cawthorn Ruth Keyton WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Yes 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: STAPHYLOCOCCUS SEPTICEMIA 54X DUE TO MILES RESECTION Conditions, if ony, which CARCINOMA OF THE RECTUM gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. CERTIFICATION 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Yeor foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work goodle m. maa a ACTUAL PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 8-16-58 Keysville 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR Ma DATE ALG 1 3 '58 Calhoun.

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Marvland Baltimore

e. IS RESIDENCE ON A FARM? YES NO T

Month Day Yeor 1958

IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days

12. CITIZEN OF WHAT COUNTRY? U.S.A

Address

Clin. Records. Vets. Adm. Hosp., Ft Howard.

INTERVAL BETWEEN 2 days days 3 mo.bv history

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T

aliverance and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

M.D. VAH Ft. Howard, Maryland

M.D. Chief. Surgical Service 22d. LOCATION (City, town, or county) Keysville, Virginia
registrar 246. Registrar's Signature

Cirilian & Krauc

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HOSPITAL

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STATE	XT.	tem 20 Film 232 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.
TH DEPT.	1.	PLACE OF DEATH 1/1 4 000 1 2 12. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
e editi.	-	ANGUL ///UNDLY MARYLAND OF STATE JOURNAL COUNTY
		c. CITY OR TOWN (If guilde corporate limits, write RURAL and give nearest town) ond give person lower than the composition of the corporate limits, write RURAL and give nearest town) C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Do		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ON A FARM?
	3.	NAME OF Samuel First Middle Lost 4. DATE Month Day Year
		(Type or print) SAMMY C: CITABMAM DEATH & 2 1958
	5. 5	6. COLOR OR RACE 7. MÁRRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED DIVORCED 0 DIVORCED
7	100	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Syste or foreign country)
(13.	EATHER'S NAME 1 14. MOTHER'S MAIDEN NAME 1
	15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 NFORMANT Address /62/
		Randolph Chapman Freedom Way
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY:
		929.8 DUE TO
√		Conditions, if ony, which agove rise to immediate cause
		(o), sloting the underlying DUE TO couse lost.
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	206. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
	3	20c, TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 120f. (City or fown) (County) (State)
03	MED	6:30 p.m. 8/2/58 19 White Not white Seach Beach Bird River Baltimore Md.
		21. I certify that I taok charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my
		apinian death resulted fram: Natural duses . Accident . Suicide . Hamicide . Undetermined manner .
		ACTUAL SIGNATURE M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DATE SIGNED
2		EXAMINER'S PAUL F. GUERIN DEPUTY MEDICAL EXAMINER (Type)
	220	BURIAL CREMATION. 22b. DATE THEREOF, REMOVAL (Specify) O 114 + 5-P 22c. NAME OF CEMETERY OR CREMATORY (Stole)
	23.	SUNERA DIRECTOR'S SIGNATURE ADDRESS 2024 240. REC'D BY REGISTRAR 246. RECTUT BAR'S SIGNATURE
		ofulip Herurgins Orleans at DATE AUG 5 '58 With educh

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774	CERTIFICATE	OF	DEATH
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	87	74 CER	TIFIC	ATE OF DEATI	H		Reg. Dist.		0100
1. PLACE OF DEATH o. COUNTY Ba	ltimore	MA	RYLAND	2. USUAL RESIDENCE (W. o. STATE Mary)		ed lived. If Institution b. COUNTY			ission)
b. CITY OR TOWN RURAL and give	(If outside corporate limits, w	vrite c. LENGTH OF ST.	AY IN 1b	c. CITY OR TOWN (If	outside corp	orote limits, write R	URAL ond give	e nearest to	wn)
Fo	rt Howard	120 da	ays	Baltin	more	3∨	01-1	1	V
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give :	street oddress)		d. STREET ADDRESS					ESIDENCE A FARM?
Veteran	s Administrat	ion Hospital		118 W	Mult	perry St			□ NO 🖸
3. NAME OF DECEASED (Type or print)	First FRED	Mid-	die	CHTN	4. DATE OF DEATH	Mon August	th	Doy	Yeor 1958
5. SEX	6. COLOR OR RACE 7.		RRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 Y	-	DER 24 HRS.
Male			CED 🗍	November 21.	1900	lost birthday)	Months De	ys Hour	Min,
10a. USUAL OCCUPATI	ION (Give kind of work done rking life, even if retired)	106. KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPLACE (Stole	or foreign		12. CITIZE	N OF WH	AT COUNTRY?
	dryman	Laundry		China			U.S	5 A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
Lov	Chin			Lee Yee	Chin				
	ER IN U. S. ARMED FORCES?		40. 17. II	NFORMANT	VIIII	Addr	ess		
Yes	WW II		13 C3	in. Rec., Vet	t. Adm	. Hospita	al. For	t How	ard Md
	ATH [Enter only one couse	per line for (o), (b), and ((c).]					INTERVAL	BETWEEN
PART I. DE	ATH WAS CAUSED BY: M	ETASTATIC CA	RCINC	MA. PRIMARY	SITE U	JNKNOWN		ONSET AN	ID DEATH
199.2	ONE COX	POSSIBLE REN	IAL TU	IMOR				UNKN	IOWN
Conditions, if								021222	
gove rise to couse (o), stoting	immediate (
lying couse lost.									
PART II. OT	HER SIGNIFICANT CONDITION		DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEAS	SE CONDITION GIV	EN IN PART 1	PERF	S AUTOPSY FORMED?
OR CONTRIBUTING		METITIUS DESCRIBE HOW INJURY	OCCURRED	D. (Enter noture of injury in I	Port I or Po	rt II of item 18.)		1 155	J WO D
20c. TIME OF INJUI Hour o. m. p. m.		20d. INJURY OCCURRED While Not while It work of work	20e. PLA foc	ACE OF INJURY (Home, form tory, street, office bldg., etc	20f. (Cit	y or town)	(Cou	nly)	(Stoie)
21. I certify th	hat X attended the dec	ceased from Ann	il 16	. 19 58 to Aug	gust]	1 1958	that delac	Lanu th	e deceased
3 jixa 300 x x x x	***************************************	18000000 and the	at death	occurred at_8:50	PM, from	m the causes a	nd an the	date sta	ted above.
ACTUAL	Joseph m. miac	2.0				WHI TO CAME			DATE SIGNED
SIGNATURE			/	W.DVAH_Ft	-Howar	-d,Md			8/15/

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)

22c. NAMI OF CEMETERY OR CREMATORY 22d. 10

22d. LOCATION (City, town, or county)

Torraine ADDRESS

24a. REC'D BY REGISTRAR

Woodlawn, Maryland
REGISTRAR 246. REGISTRAR'S SIGNATURE

REMOVAL ISPANIA

Burial

23. FUNERAL DIRECTOR'S SIGNATURE /

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

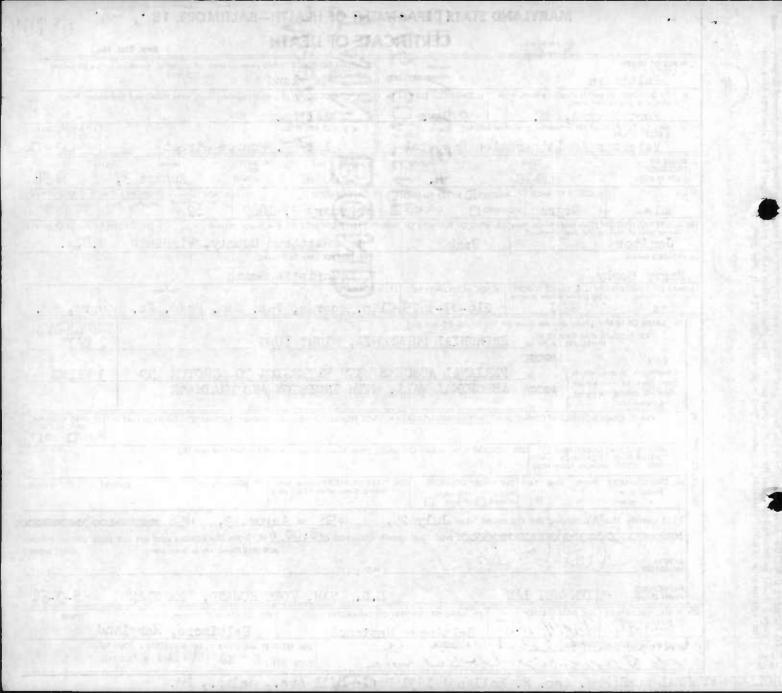
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	8776		CERTI	FIC	ATE OF D	EATH	1			Reg. D	ist. No		
1. PLACE OF DEATH a. COUNTY	Baltimore	•	MARY	YLAND	2. USUAL RESID	Md.	ere decease		If institution			-	ion)
b. CITY OR TOWN (I	f autside carporate lim	its, write	c. LENGTH OF STAY	IN 16	c. CITY OR I	own (IF o		orate limit	s, write RI	JRAL and	give ner	arest tawr) 🗸
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, g Presbyteri	n Ho	me of Md.		d. STREET A		Lakes	ide .	Ave.				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Margar		Middle M •		Cooper		4. DATE OF DEATH		Mon		Do	у	Year 19 58
s. sex Female	6. COLOR OR RACE white	7. MARR	DED NEVER MARRI		B. DATE OF BIRTH			9. AGE lost b					R 24 HRS. Min.
during most of york	DN (Give kind af wark king life, even if retired	done 10b.	KIND OF BUSINESS C	OR INDU			or foreign o	country)		12. C	TIZEN C	F WHAT	COUNTR
3. FATHER'S NAME August	Lesse				14. MOTHER'S Eliza			effe	r				
S. WAS DECEASED EVE [Yes. no. or unknown)	R IN U. S. ARMED FOR	CES? 16. :	SOCIAL SECURITY NO		NFORMANT	Pre	sbyte	rian	Home	ess of	Md.	Tows	on.Mc
332 × Canditions, if ar gave rise to it cause (a), stating lying cause last.	mmediate (77	Erebral ontributing to de	ee	erterio:	scle. Grom	10515 Vosis			EN IN PAI		PERFO	rs
200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY O	CCURRE	D. (Enter nature of	injury in P	art I ar Par	rt II of iter	m 18.)				
20c. TIME OF INJURY Haur a. m. p. m.	Y Month, Day, Ye	While	JURY OCCURRED Not while	20e. PL	ACE OF INJURY (F ctary, street, affice	lame, form, bldg., etc.	20f. (Cit	y ar tawn)			(County)		(State)
21. I certify the alive on JUL- ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	J. VENA	G /	od from JAN 8, and that	death	occurred of	6 A:	M, from	m the city	ouses a ar lawn, a	nd on t	he do	te state	ed abave
220. BURIAL, CREMATION REMOVAL (Specify)	N. 22b. DATE THEREC						22d. LOCA B alt					Md •	
3. FUNERAL DIRECTOR"	SSIGNATURE		ADDRESS		732	24a. REC'E	BY REGIS	TRAR 2	4b. REGIS	TRAR'S SI	GNATU	RE	

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HOLLAND FUNERAL HOME (Mrs. Geo. H. Holland) 1631 Druid Hill Ave., Balto., Md.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	0118				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (W	There deceased lived. If institut b. COUNTY	tian: Residence befare admission)
B. CITY OR TOWN I	(If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give stre 2103 Park P	et address)	d. STREET ADDRESS	Park Place	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	George	Leo Middle	Croghan	4. DATE OF AUG	Day Yeor 58
s. sex	WILLE	WED DIVORCED	B. DATE OF BIRTH	713.	Manths Days Hours Min.
INSTAL OCCUPATION	ON (Give kind of work done 10 king life, even if retired)	Telephone Co.		e or foreign country) more, Md.	12. CITIZEN OF WHAT COUNTR
Peter B	. Croghan		Mary E.		
15. WAS DECEASED EVI (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service) WW 1		rs. Anna Bau	or Croghan 210	dress 3 Park Place
	immediate (b)	Mercin om a	the me	eritone al	INTERVAL BETWEEN ONSET AND DEATH
3					VEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
U (IF EITHER, NOTIFY	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part II of item 1B.)	
20c, TIME OF INJUI Hour a.m. p. m.	Whi		ACE OF INJURY IHome, for ctory, street, affice bldg., et	m, 20f. (City or town)	(County) (State)
ACTUAL SIGNATURE	nat I attended the dece 19 19 19 19 19 19 19 19 19 19	By Sy	м.в. 3033		, that I last saw the decease and an the date stated abov , state) DATE SIGNI
BUTTET (Specify)	N, 22b. DATE THEREOF Aug. 15, 1958	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, Baltimore,	ar county) (State)
John O. Mi		ADDRESS Inc. 1900 Eutaw	24a. REC	D BY REGISTRAR 24b. REGI	ISTRAR'S SIGNATURE

CERTIFICATE OF DEATH DATE: D			MALERAND	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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8779	CERTIFICA	AIE OF DEATH	Reg.	Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institutions Resid b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write BURAL and give negest town)	c. LENGTH OF STAY IN 16	Ruval -	tside carparate limits, write RURAL op	adgive nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 11 Son 15 home • 11		d. STREET ADDRESS	75×-3	IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) Susau	Catherine	Crone	4. DATE Month OF DEATH	Doy Yeor 23 1958
F W WIDOWE	DIVORCED	8. DATE OF BIRTH NOU, 7, 188	Z lost birthdoy) Month	16
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	York	CountyPal	CITIZEN OF WHAT COUNTR
Charles Lef.	LUEY	14. MOTHER'S MAIDEN NA	sa Rayifs	fugy
(Yes, no or unknown) (If yes, give wor or dates of service)		While Crem	Seven (Julians #1, Pa
PART I. DEATH (Enter only one couse per light of the part I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	re far (a). (b). and (c).]	hombon	re heart ducesse	INTERVAL BETWEEN
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) DUE TO	errosquasi	e ngresseneu	N NEW Milase	- geors.
PART 11. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	AL DISEASE CONDITION GIVEN IN P	ART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	art I or Port II af item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. If Hour o. m. 19 While of world	Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		(County) (State)
21. I certify that I attended the decease alive an 18-2-19	ed fram. 55, and that death		M, fram the causes and an DDRESS (Street, city or town, stote)	
PHYSICIAN'S NAME (Type)		4		
220. BURIAL, CREMATION, 22b. DATE THEREOF BEMOVAL (Spfcify) 744, 26, 1958	ZEC. NAME OF CEMETERY O	unt	22d. LOCATION (City, town, or count) YOV BYREGISTRAR 24b. REGISTRAR'S	Pa.
J.J. Hartenstein, N	aw Fraadom	Pa, DATAUG		Kana

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IL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	lained by the hospital or attending physician.	LORECTOR: After a certificate has been signed by the attending physician and cam/delety filled in by the funeral director.	be c	The state of the s
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	8780		CERTIFI	CAT	E OF DEA	TH		Reg. Di	it. No.				
1. PLACE OF DEATH o. COUNTY Baltime	ore		MARYLAN	- 11	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY								
b. CITY OR TOWN (If RURAL and give need	outside corporate lim	nits, write c.	LENGTH OF STAY IN	16	c. CITY OR TOWN	(If outside corpo	prote limits, write R	URAL and	jive nea	rest town	n) ,		
Fort He	oward	*	49 Days		Baltim	ore	3 V	31-4	4				
d. NAME OF HOSPITA OR INSTITUTION Veteral	ns Adminis	give street odd tratio	n Hospital		d. STREET ADDRES		lvert St	reet	ľ		SIDENCE FARM? NO C3c		
3. NAME OF DECEASED (Type or print)	Fi GU	irst JY	Middle F.		Losi CRUM	4. DATE OF DEATH	August	th	25		Yeor 1958		
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. D	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER Months			ER 24 HRS.		
Male	White	WIDOWED	DIVORCED] 7	/14/97		61 yrs.	Months	Days	Hours	Min.		
10a. USUAL OCCUPATIO	N (Give kind of working life, even if retired	done 10b. KIN	ND OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (S	tate or foreign c	ountry)	12. CIT	IZEN O	F WHAT	COUNTRY		
Parcel Pos		U.	S. Post Off	fice	Frederic	k, Mary	land	U.	. S.	A.			
13. FATHER'S NAME				1	. MOTHER'S MAIDE								
Charles Cr	um		The second		Catherine	King	Hay I have						
15. WAS DECEASED EVER	R IN U. S. ARMED FOI		CIAL SECURITY NO.	7. INFO			Add			28			
Yes	WW I		one	Clir	.Rec.,Vet	.Adm. H	lospital,	Ft.Hov	vard	عالا و	arylan		
	TH [Enter only one co		for (0). (b). and (c).]			19				RVAL BE	TWEEN		
PART I. DEAT	TH WAS CAUSED BY:	o PULA	MONARY EDEM	A AN	D CONGEST	ION		6.75	0143		eks		
420.1	DUE TO		NARY ARTER	IOSC.	LEROSIS, S	EVEIE AN	VID O		100	500	N. P. C.		
Conditions, if on		MYOC	ARDIO INFA	RCTI	ONS				Ur	kno	wn		
gove rise to in couse (a), stating to lying couse lost.	nmediote (,						3 83					
CATIC	19		NTRIBUTING TO DEATH	BUT NO	RELATED TO THE T	ERMINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 1	PERFC	AUTOPSY DRMED?		
OR CONTRIBUTING	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCRI	BE HOW INJURY OCCU	JRRED. (E	nter nature of injury	r in Port t or Par	t II of item 18.)						
20c. TIME OF INJURY Hour o. m. p. m.	r Month, Day, Ye	While	Not while ot wark	e. PLACE foctory	OF INJURY (Home, , street, office bldg.,	form, 20f. (Cit)	y or town)	(0	County)		(State)		
21. I certify the	at offended the	e deceased	from July 7		_, 19_58 to	August 2	1958	thakk	CALKS	XXX	detecta		
diversity of			XX and that de										
, 3	1	0 1					treet, city or town.				ATE SIGNED		
ACTUAL	Willia W	2 0	and	M.D.	VAH. FOR	RT HOWAR	D. MARYL	AND		8/25	5/58		
PHYSICIAN'S	HIEN WEI	LAN M	De				HOWARD.		LANI)			
220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THERE		Manual DA		EMATORY	22d. LOCA	TION (City, town,	or county)		(Stot	le)		
Burial 23. FUNERAL DIRECTOR'S	8-28-19 S SIGNATURE /64		Mount Drive	et C		REC'D BY REGIST	erick, Ma	rylanı STRAR'S SIG		F			
C. E. CLIN	/	o Las	t Patrick		DATE	8110 0 7		Islam.					

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	8746	CERTIFICA	ATE OF DEATH		Reg. Dist.	No.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (WE o. STATE Mary)	nere deceased lived. If inst b. COU		
b. CITY OR TOWN (RURAL and give n Dunde	If outside corporate limits, writegrest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of 3 Dundalk	outside carporote limits, wri	te RURAL and give	e riearest tawn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give st Dunleer Apts		d. STREET ADDRESS Dunleer A	ots. B-4		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ANNA First	Middle P.	Lost DAVIS	4. DATE OF	Month ust 6,	Day Yeor 19 58
s. sex Female	White wo	AARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	9. AGE (In ye lost birthdo 79		EAR IF UNDER 24 HR
during most of wor At home	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote Maryland			S.A.
	odor C. Oehrin	0	14. MOTHER'S MAIDEN N Henrietta			
	R IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT		Address Imora Av	e.
	ATH [Enter only one couse parth WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	9-5-0- V- Raw	e Diseas	e		INTERVAL BETWEEN ONSET AND DEATH OUTED.
Canditians, if a gave rise to i couse (o), stating lying cause last.	mmediate the under-					
3 VIVE	pticalitis	1 1100	Sowet:			PERFORMED? YES NO
(IF EITHER, NOTIFY	AS UNDERLYING (1) 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in I	Part I or Part II af item 18.		416
20c. TIME OF INJUR Hour a. n. p. m.	w w	d. INJURY OCCUPRED 200. PL hile Not white fo work _ at work _	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(Cou	nty) (State
21. I certify the	nat I attended the dec	FR	4 , 1968, to H	M, from the cause	s and on the	4
ACTUAL SIGNATURE	Mas	avis	MD. 68009	ADDRESS (Street, city or to	- Pm	DATE SIGN
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC	M. 22b. DATE THEREOF	22c. NAME OF CEMETERY O	Nund	201 10CATION (Six to	mil	0/8/1
Burial (Specify)		Baltimore C		22d. LOCATION (City, tov Baltimo:		(Stote)
23. FUNERAL DIRECTOR Ullrich F		ADDRESS			EGISTRAR'S SIGNA	ATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.: Page 4 tely filled in by the funeral director, Pages 1 and 2 should be filed with may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and compage 3 should be detached for the as the burial-transit permit. Then please remove carbon papes the registrar prior to burial, cremation, or removal, and in any event within 72 hours often death. VS A15 (4) 15M 9/55

8781

CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE o. COL		ltimore		MARYL		o. STATE	NCE (WH		f lived. If institut b. COUNTY				ion)
	b. CITY	Y OR TOWN (If	outside corporate limit	ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
		Fort H			147 days		Prin	cess	Anne		19 X	- 20		,
	d. NA/	ME OF HOSPITA	L (If not in hospitol, g	ive street o	oddress)		d. STREET ADD	DRESS					. IS RESI	DENCE
0			Administ	ratio	n Hospital		256 0	hure	h Str	eet				FARM?
	3. NAME DECEA	OF	Fire	st .	Middle		Lost		4. DATE OF	Moi		Day	, 1	feor
		or print)	RAYMO	ND	(NMI)	DES	HIELDS		DEATH	August	, 2	2	1	9 58
	5. SEX	-,	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	8.	DATE OF BIRTH			9. AGE (In years	IF UNDER	1 YEAR	IF UNDE	R 24 HRS.
	M		Negro	WIDOWE			10/10/90	6	/	lost birthday) 61 yrs.	Months	Doys	Hours	Min.
	10a. USU/	AL OCCUPATION	(Give kind of work of	ione 10b.	KIND OF BUSINESS OR	INDUSTR	Y 11. BIRTHPLAC	E (Stote	or foreign co	ountry)	12. CIT	ZEN O	WHAT	COUNTRY
1	Nigh	t Watch	nan	Mo	.State Col	lege	Vento	on.	Maryla	ind	U	.S.		
		R'S NAME					14. MOTHER'S M							
/		Armei	as Deshiel	ds			Ann	ie	MN: J	ones				
	15. WAS I		IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFO	DRMANT			Ado	lress			
	Yes				209-14-1987	Cli	n. Record	ds V	ets.Ad	m. Hospit	al Ft	. Hov	vard,	Md.
			H [Enter only one co	use per lin	e for (o), (b), and (c).]							INTE	RVAL BET	TWEEN
		PART I. DEATH	H WAS CAUSED BY:	DDO	NCHOPNEUMON	TA D	TOUR TIM	ro.				ONSI	ET AND	DEATH
	1	50x	MMEDIATE CAUSE (of DUE TO	DICO	MOHOL MEDIOL	Y IA IL	TOUT LOW	U				- u	NKNO	WN
				DIG	IEI DDOMONO	TOON								
		nditions, if ony re rise to im	mediate (RIG	HI BRONCHO-	-ESUP	HAGEAL F	ISIU	JLA			U.	NKMO	WN
	cous	se (o), stoting th		SQU	AMOUS CELL	CARC	INOMA OF	ESC	PHAGU	S WITH E	ROSTON			-
		g cause lost.) (c)	_TNT	O RICHT MAI	N BR	ONCHUS A	ND I	ISTAN	PMETAST	ASES		UNKN	
4	9	PART II. OTHE	R SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	TH BUT NO	OT RELATED TO TH	HE TERMI	NAL DISEASE	CONDITION GI	VEN IN PART	1(0) 19	PERFO	RMED?
d	3 4	1917												NO 🗌
		ACCIDENT WAS CONTRIBUTING [THER, NOTIFY M	UNDERLYING CAUSE OF DEATH COLCAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OC	CURRED. (Enter nature of i	njury in f	Port I or Part	II of item 18.)	will.			
		IME OF INJURY	Month, Doy, Yea	r 20d. IN	JURY OCCURRED	20e. PLACE	OF INJURY (Ho	me, form	, 20f. (City	ar town)	ıc	ounty)	-	(Stote)
	Ğ.	Hour o.m.	19	While at work	Not while of wark	factor	y, street, office b	ldg., etc.	.)					
			VA Movettended the		ed from March	28	10 58	to A	ugust.	22 10 58	1 Hontabil	WY18	an relation	whoresome
	n Hot	EXOCOCIAN	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	CXCXIXXX	COCC and that	death o	coursed at 2	:05P	M from	the source	and an Al	مامرين مامام	TINDE .	d - L
		lil.	1 ///		- Ond more	dealli o	ccorred of			reet, city or town,		e dan		TE SIGNED
	ACTU		Nan All	1	10,1111		TIAH E			MARYL.			0/	23/59
	SIGNA	ATURE ///	of Chamberland	Carred	- Caro	M.C	. valia I	OTET	11ONALUL	PIPELLE 134	7110			-2/ 20
1		E (Type) BE	RTRAND E.	LOWE	NSTEIN	M	D. VAH	I, FC	RT HO	JARD MA	RYLANI)	8-	23-58
	220. BURI	AL, CREMATION	226. DATE THEREO	1 ma	22c. NAME OF CEMET	ERY OR C	REMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote)
	_	OVAL (Specify)	8/3//	28	ST. JOHN'	S CE	VETERY		PRINC	IESS ANNI	E. MAR	YI.AI	VD.	
		RAL DIRECTOR'S	SIGNATURE		ADDRESS			4o. REC'I	D BY REGIST		STRAR'S SIG			
1	1.7 1 7 7	77	T	1 1	lares Daring	. A		ATE AU	15		Thun S.	Hay	A	
	W7	llam H	James, Unc	terta	ker, Princes	S AD	IC, FIG.	ALL AU	MEIO		1 2001			

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

ely filled in by the funeral director, rages 1 and 2 shauld be filed with

may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and camp page 3 should be detached for We as the burial-transit permit. Then please remove carbon page the registrar priar to burial, crematian, ar remayal, and in any event within 72 haurs offer death.

VS A15 (4) 15M 10/57

HIADO POLITA DIA MANAGEMENTA DI CONTROLLA DINTERIOLI DI CONTROLLA DI CONTROLLA DI CONTROLLA DI CONTROLLA DI C	THE SHOWING BELLIAMENTED	ATTACK OF ALL MARYLAND STATE OCCUPANTS
		OHITRED CERTIFIC
Fig. 1. See a did interest. S. Mile Section of Colors (1982) See a did interest. S. Mile Section of C	The same of the same of	minus Committee
	The state of the s	
		A STATE OF THE STA

CEDTIEICATE OF DEATH

08774

	86	34		CERTIFIC	All	E OF DEA	AII	1		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	Baltimore			MARYLAND	2.	a. STATE	ce (wh	ere deceased	d lived. If institut b. COUNTY		nce befo		sion)
b. CITY OR TOWN (RURAL and give n	(If outside corporate limiterest town) Pikesvil		c. LENGT	HOF STAY IN 16	7			otside corpo	rote limits, write I	RURAL ond	give nec	prest town	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	jive street (,	d. STREET ADDR		Reiste	erstown 1	Road			SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fin	st		Middle DiCrispi:	no	Last		4. DATE OF DEATH	August	nth	1958	יץי	Year
5. SEX Male	6. COLOR OR RACE White		HED NE	DIVORCED [8. D	ate of Birth	190		9. AGE (In years last birthday) 51, yrs.				ER 24 HRS. Min.
10a. USUAL OCCUPATION during most of war Cle	ON (Give kind of work rking life, even if retired)		BUSINESS OR IND	USTRY	11. BIRTHPLACE Balt			ountry) Id		TIZEN C		COUNTRY
13. FATHER'S NAME					14	. MOTHER'S MA							
	Salvatore					Jos	eph	ine Zi	ito				
15. WAS DECEASED EVI (Yes, no. or unknown)	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)				Mary Gu	cci	one,	Add 106 Reist	ress terst	own	Road	
	the under-	Co	,		ne - 7	tu state me tu state	i -	ivev.				19J	
PART II. OT	HER SIGNIFICANT CON		ONTRIBUT	ING TO DEATH BU	וסא זנ	RELATED TO THE	TERMI	NAL DISEASI	E CONDITION GI	VEN IN PA	RT 1(a)	PERFC	AUTOPSY DRMED?
20c. TIME OF INJUI	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER) RY Manth, Day, Yes		NJURY OC	V INJURY OCCURE CURRED 20e. F	LACE	OF INJURY IHam street, affice bld	e, form	, 20f. (City			(County)		(State)
21. I certify the olive on	Mathay	decease 4, 19 J	Meed from	and that deal	h oc		ark	_M, from ADDRESS (SI Heigh	reet, city or town,	ond on to store) Balt	he do	te stote	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	ON, 22b. DATE THEREC		22c. NA	M. D. ME OF CEMETERY Athedral		EMATORY		22d. LOCAT	nts Ave. ION (City, town,		o, M	(Stat	e)
23. FUNERAL DIRECTOR			ADD	RESS		240		BY REGIST	RAR 24b. REGI				

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 ely filled in by the funeral director, ages 1 and 2 shauld be filed with may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and camp page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon page the registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 10/57

The offer and the first series are



CERTIFICATE	OF DEATH
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08775

7			878	3	CERI	IFICA	AIE OF L	JEAIT				Reg. D	ist. No		
	1.	PLACE OF DEATH D. COUNTY	ltimore		MAI	RYLAND	2. USUAL RESI	pence (when y land			If institution		timo		tion)
			f outside corporate limi	ts, write	c. LENGTH OF STA	Y IN 16	c. CITY OR			orate limit	s, write R				n)
		Fort Ho			5 days		X Rei	sters	stown						
~		d. NAME OF HOSPIT	AL (If not in hospital, g	ive street			d. STREET A		7001112		5.00			e. IS RES	IDENCE
)			s Administ:			1	26 5	tocks	dale	Awem	ue				FARM?
a	18	NAME OF DECEASED	Fir	st	Midd	le	los	t	4. DATE		Man	th	Do	у	Year
TO SERVICE SER	1	(Type or print)	CARL		L.		DITMAN		DEATH	1	AUGUS	ST	9		19 58
لتحصي	5. 5	SEX	6. COLOR OR RACE	7. MARI	RIED X NEVER MAR	RIED 🗌	8. DATE OF BIRT	Н		9. AGE	(In years irthday)	#F UNDE			ER 24 HRS.
		M	W.	WIDOW		_	12/31/1	876		81	yrs.	Months	Days	Hours	Min.
	10a	. USUAL OCCUPATIO	ON (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (State	or foreign	country)		12. C	TIZEN C	F WHAT	COUNTRY
	F	House Pain			elf-emplo	yed	Oxfo	ord. C	hio				U.S.		
	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN	IAME						
		William 1	F. Ditman				Mar	v	MN: W	latt.					
1	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	O. 17. II	NFORMANT	4	2,24,7 \$ 27		Addr	ess			
1	1	Yes P	T 1/17/99.	1./16	102	013	n.Record	s Vo	+c A	dm 1	Lagari	+ -7	TOA II		a wa
			TH [Enter only one co	use per li	ne for (a), (b), and (c).]	TI THE COT E	N.S.	LID .	C. C	Lugun	lie L		ERVAL BE	
			TH WAS CAUSED BY:	~	ARDIAC FA									SET AND	DEATH
		420.0	IMMEDIATE CAUSE (o		HIDIAO PA	LLOIUS							- 2	- 3	weeks
		Conditions, if ar	kiak N		YOCARDIAL	TENTO	DOMESON						1	-	
		gove rise to in	nmediate (LOCAMULAL	LIVEA	RCTTON						14	week	S
		cause (a), stating t lying cause last.	he under-		S.H.D.										
	z		ER SIGNIFICANT CON			FATH RUT	NOT PELATED TO	THE TERMI	NAL DISEA	SE CONDI	TION CIV	ENI INI DA	DT 1/=1 1	0 14/45	AUTORCY
0	CATION		ek sisitii revitti Colt	5,110,13	LONING TO D	LAIII BOI	NOI KELAILD IO	THE TERMI	NAL DISEA	SE CONDI	HON GIV	EN IN PA	KI I(d)	PERFO	PRMED?
	FIC	20a. ACCIDENT WA	S HINDERI VINIC I	20h DES	CRIBE HOW INJURY	OCCUPPE	/E-1	Ciation is 6		-i II -£ 'i-	10 \			YES [NO 🔯
	CERTIFI	OR CONTRIBUTING	CAUSE OF DEATH	200. DES	CRIBE HOW HAJORI	OCCURRE	2. (Enter nature o	i injury in t	arr i or ro	ti ii ot iiei	m 10.)				
	1	20c. TIME OF INJURY	- 1		LINEY OCCURRED	20- 01/	ST OF INITIALY		lost total						
	MEDICAL	Hour a.m.		While	NJURY OCCURRED	fac	CE OF INJURY (I tary, street, office	bldg., etc.	, 201. (Cil	y or lown)			(County)		(State)
	¥	p. m.	VA 19		k at work									10.	10
		21. I certify the	Mattended the	deceos	ed from Aug.	-4	, 1958_	, to Au	g. 9		1958_	., thoch	xlosicx	pexilies	BÉDICIONE
			0000000000												
			11/		- 11.				ADDRESS (S	treet, city	or lown,	state)			ATE SIGNE
		ACTUAL SIGNATURE	Meddlen	//	us M.	0.	w.d. VAH,	FORT	HOWAR	D. MA	ARYT.A	ND		8/	0/58
1		PHYSICIAN'S	091												
I		NAME (Type) S	PEPHEN TOMS	. M.	D.										
	220	- BURIAL, CREMATION	N. 22b. DATE THEREC		22c. NAME OF CE	METERY OF	CREMATORY		22d. LOCA	TION (Cit	y, town, o	r county)		(State	e)
		REMOVAL (Specify)	ang. 13.1	93-8	BALTIMO	RE MA	TTONAT.			LTIMO			YLAN		
	23.		SIGNATURE	,	ADDRESS	THE PARTY	T. CHIVALL	24a. REC'E	DAY REGIS		4b. REGIS				
	Tol	dilliam Bas	ery new	- E	OO Main Ca	bed .			HP 4 0			-1 . 6		. =	

TO HOSPITAL OR ATTENDING may be retained by the haspi page 3 should be detoched the registrar prior to burial, VS A15 (4) 15M 10/57

of the profit of physician. The other of the physician and come certificate has been signed by the other diagonal physician and comfor use as the burial-transit permit. Then please remove carbon paper cremation, or remaval, and in any event within 72 hours, after death.

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	The second of the second of the			
		No Calche-14.15		183
			Schmalk, Cort	Ca.
	Enter the contract of the cont	11 10 V	THE SECTION AND ADDRESS OF THE SECTION ADDRESS	
primer at		SANT BUILDINGS		
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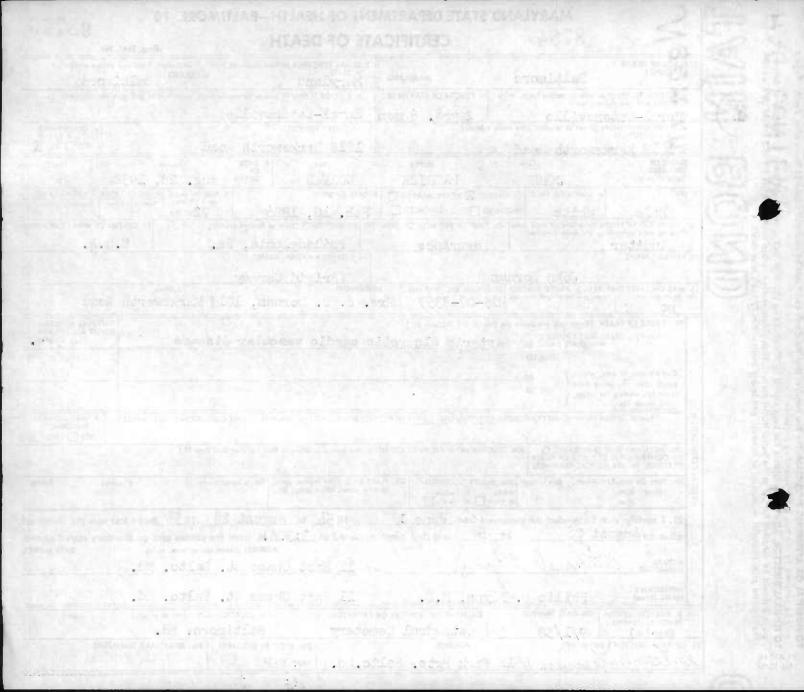
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8784

CERTIFICATE OF DEATH

08776

						The state of the s		Keg. Dist.	NO.	
1. PLACE OF DEATH o. COUNTY	Baltimon	re .	MARYLA	210	USUAL RESIDENCE S. STATE Maryland	(Where deceas	ed lived. If institut b. COUNTY			ision)
b. CITY OR TOWN RURAL ond give	(If outside corporate limi nearest town)	ts, write	c. LENGTH OF STAY IN	II X	c. CITY OR TOWN		The second	RURAL and give	nearest tow	m)
	tonsville		2 yrs. 6 I	non	Rural-Cat		Le			11100
OR INSTITUTION			oddress)	1	d. STREET ADDRESS	Barrer S. A.	Dond		ON	SIDENCE A FARM?
	rksworth Roa	ad			1018 Mark		noad		162] MO M
3. NAME OF DECEASED (Type or print)	JOHN	st	PATRICK		DORNAN	4. DATE OF DEATI	Aug. 2	oth 8, 1958	Day	Year 19
5. SEX		7. MARE	NEVER MARRIED	□ 8. D	ATE OF BIRTH	T 100	9. AGE (In years	-		ER 24 HRS.
Male	White	WIDOWI	ED DIVORCED	O F	eb. 10, 1		last birthday) 72 yrs			
10a. USUAL OCCUPAT	ION (Give kind of wark or trking life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (S	tote or fareign	country)	12. CITIZE	N OF WHA	T COUNTRY
Audito			Insurance		Philade	lphia.	Pa.	U.	S.A.	
13. FATHER'S NAME				14	MOTHER'S MAIDE					
	John Do	rnan			Brigid	Carney	7			
15. WAS DECEASED EV (Yes. no. or unknown)	ER IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY NO. 5-07-8359	Mrs.	J. P. Do	rnan,		sworth	Road	
Conditions, if gove rise to cause (o), stoting lying cause lost	g the under-)	rterio slcer							yrs.
PART II. O' PART II. O'	THER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATI	H BUT NO	RELATED TO THE TE	ERMINAL DISEA	SE CONDITION GI	VEN IN PART 1	PERF	ORMED?
OR CONTRIBUTION	/AS UNDERLYING ☐ G ☐ CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (E	nter nature of injury	y in Part I or Pa	art II af item 1B.)			
20c. TIME OF INJU Hour o. m. p. m.	10	or 20d. II While of wor	Not while	0e. PLACE foctory	OF INJURY (Home, street, affice bldg.,	form, 20f. (Ci	ty or town)	(Cou	nty)	(State)
21. I certify to olive on Augustian Actual SIGNATURE PHYSICIAN'S NAME (Type)	Thelip 10.	44	ed from June 1 58, ond that d	leoth oc	1954, to curred of 3:	Address (om the couses Street, city or town	ond on the , stote) • Md.	dote stat	
220. BURIAL, CREMATI REMOVAL (Specify	ON, 22b. DATE THEREC		22c. NAME OF CEMETI				ATION (City, town,		(Sto	ote)
23. FUNERAL DIRECTO			ADDRESS			REC'D BY REGI		ISTRAR'S SIGN	ATURE	-
Colvernor		4611	Park Hets.	Balto		SEP 2		Inthun S.		

VS A15 (4) 15M 10/57



08777

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deced	sed lived. If Institu		ce befa	re admission)
	altimore		MARYLAND	Marvl	and	B. COUNT	•		
	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f autside cor	porate limits, write	RURAL and	give nee	orest town)
H H	ort. Howard		5 min	Balti	more		3 V O	1 -	4
		f nat in hos	pital, give street address)	d. STREET ADDRESS					e. IS RESIDENCE ON A FARM?
Voterans	Administra	tion	Hospital	1702	E. Mi	lliman St			YES NO
3. NAME OF DECEASED	Fin		Middle	Last	4. DATE OF	Manil	h	Day	Year
(Type or print)	TAME	S	E. A.	DOUGHERTY	DEATH	August		14	19 58
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED 8.	DATE OF BIRTH		9. AGE (In years lost birthday)	-		F UNDER 24 HRS.
Male	Colored	WIDOWE		M	1800	67 yrs.	Months D	ays	Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work of	lane 10b. K	CIND OF BUSINESS OR INDUST	RY TO BIRTHPLACE ISSUE	ar foreign	country)	12. CITIZ	EN OF	WHAT COUNTRY?
Odd Joh	S			Baltimore	Mary	rland	U.	S.A	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
James I	E. A. Dough	erty		Minnie Fo	rman				
15. WAS DECEASED EVE			SOCIAL SECURITY NO. 17. IP	FORMANT		Address			
Yes Yes	(If yes, give war or dates of s	lervice)	Unknown CL	IN. REC., VET	.ADM.	HOSPITAL,	FT.HOW	ARD	,MD
18. CAUSE OF DEAT	H [Enter only one cau	se per line	for (a), (b), and (c).]			THE SECTION	Hart T	INTERV.	AL BETWEEN AND DEATH
	H WAS CAUSED BY:	DMETT	MONTA BOTH LUN	OS CAVITOV R	ORMATI.	TON. RIGH	T		
493×	QUEXO	2 2 1200 0	R LOBE	and the later to	MIN'IL	itan, itan		1	Week
Canditians, if an		PULM	ONARY EMBOLISM	RIGHT LOWER	LOBE				
gave rise to immed (a), stating the u									
cause last.	(c).					7-15-11-079			
Z PART II. OTH		OITIONS CO	INTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PART	1(0) 19.	
TY THE	ROMBOSTS O	F SAG	TTTAL AND RIGH	T TRANSVERSE	STNU	SES		YE	PERFORMED?
PART II. OTH THE CONTROL OF THE CAUSE OF DEATH.	SE WAS 20		E HOW INJURY OCCURRED. (E						
	Y Month, Day, Yea	r 20d. I	NJURY OCCURRED 200. PLAC	CE OF INJURY (Home, farr	n, 20f. (Cit	y or town)	(Cour	nty)	(State)
20c. TIME OF INJUR Hour o. m. p. m.	19	While at wo	Not while facts	ory, street, office bldg., eld	.)				
21. I certify th	ot I took chorge	of the r	empins described abo	ve, held on Autops	y 2. 1	nspection []	Inquiry	, [],	ond find that
death resulted	from: Noturol	causes 🎚	Accident [], Suid	cide, Homicide	e 🔲, U	Indetermined o	ouse [].		
ACTUAL SIGNATURE	mBA	zvi	*	M.D. CHIEF MEDICAL E	XAMINER [1			DATE SIGNED
				ASSISTANT MEDIC	AL EXAMIN	ER 🗆			8/15/58
EXAMINER'S NAME (Type) Me	lvin B. Da	vis,	м.в.	DEPUTY MEDICAL	EXAMINER				0/15/20
22a. BURIAL, CREMATION REMOVAL (Specify)			22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCA	ATION (City, town,	or caunty)		(State)
Burial	8-18-9	58	Baltimore Nat	ional	Balt	imore. Ma	ryland	1	
23. FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS		D BY REGIS		STRAR'S SIGI		
		7.000	7.0171	DATEAS	10 1 0 1	o C	Thung S. 7	Kraus	
Anlington S	Phillins	15:08	-10MMonroe St.	Halto Mil	113.1.9."	10	40.		

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STATE OF THE PERSON NAMED IN THE PERSON NAMED IN COLUMN TO PARTY. THE RESERVE OF THE PROPERTY OF

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CEPTIEIC ATE OF DEATH

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	744						Reg. Dist. N	v.	
b. CITY OR TOWN (II RURAL ond give ne	altimore		MARYLAND	2. USUAL RESIDENCE o. STATE Mary	(Where decease 71and	d lived. If institution b. COUNTY	ni Residence bel Baltir		on)
Fort Howa		write c. LENGTH O	F STAY IN 16	c. CITY OR TOWN		rate limits, write RI	JRAL and give n	earest lawn)	
d. NAME OF HOSPITA	AL (If not in haspital, given			d. STREET ADDRESS		1 Road		ON A	FARM?
NAME OF DECEASED (Type or print)	First MORTIM		Middle	Lost	4. DATE OF DEATH	Augu		-,	eor 9 58
SEX Male	6. COLOR OR RACE	7. MARRIED NEVER		5/17/1879		9. AGE (In years last birthday) 79 yrs.	IF UNDER 1 YEA Manths Days	R IF UNDER	
Electricia	ing life, even if retired)	200	ness or indus	Baltimore	Mary]		12. CITIZEN		COUNTR
James				Mary I	N NAME	tor B	urns	/	
	If yes, give war or dates of ser	16. SOCIAL SECUR 01 213-10-5		in.Records.V	lets.Adn	Adda. Hospita		ward,M	id.
PART 1. DEAT 587.0 Conditions, if an gave rise to in cause (a), stating t lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO 1y, which (b). nmediate (the under: C).		REATITIS				10	TERVAL BET NSET AND Week	DEATH
				NOT RELATED TO THE TE			EN IN PART 1(a)	PERFOR	MED?
	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW IN	JURY OCCURRED). (Enter nature of injury	in Part I ar Par	t II at item 18.)			
20c. TIME OF INJURY Haur a. m. p. m.	Y Manth, Day, Year	While Not while of work	fac	ACE OF INJURY (Home, f tory, street, affice bldg.,		or town)	(Caunty	·)	(State)
			_	7, 19_58, to_d occurred at 12:	35AM, from		nd an the d	ote state	
ACTUAL	Wer 15	Jour		W.D. VAH, FOR	T HOWARI	MARYLA	ND	8/3	1/58
PHYSICIAN'S NAME (Type) CH	TEN WET LAN	M.D.							

Poges 1 and 2 should be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 certificate has been signed by the attending physician and com page 3 should be detached to we as the burial-transit permit. Then please remove carbon por the registrar prior to burial, cremation, or removal, and in any event within 2 hours after death. may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After certificate has been si VS A15 (4) 15M 9/SS

HEASO TO STADRIESD TO STADRIE	Mark July 1	
whether we will be a second a		
in the death of the New Anteens at	returned and deliver	
RATE TO STORY WAS TO THE TOTAL OF THE PARTY		
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Tell to the later of the second of the secon		

I	1	8787 Items 13,11 Film 233 8-27-58 et CERTIFICATE OF DEATH	Reg. Dist. No.
M		PLACE OF DEATH O. COUNTY BALTIMORE COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution of the state of the stat	tution: Residence before admission)
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write	e RURAL ond give nearest town)
00		d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 19 ROPERS FOREE RD. 259 ROPERS FORE	e. IS RESIDE ON A FA YES IN
		NAME OF First Middle Lost 4. DATE OF OF	Nanth Day Year SUST 16 19
	5. 5	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FINALE WHITE WIDOWED DIVORCED 7. PRIL 8. 1880. 787	rs IF UNDER 1 YEAR IF UNDER 2
1)		USUAL OCCUPATION (Give kind of work done done done during most of working life, even if retired) HOUSE WIFE	12. CITIZEN OF WHAT CO
		FATHER'S NAME (First unknown) OSBORN 14. MOTHER'S MAIDEN NAME Unknown	
77 100	15. (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 1. NO. or unknown) (If yes, give wor or dates of service) (If yes, give wor or dates of service	iddress 1119 12 FANG
will will will will will will will will		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO	INTERVAL BETWONSET AND DE
		Conditions, if ony, which gave rise to immediate couse (a), stating the under-lying couse lost. (b) Arlevisa Cleritie Heart Des	same Yea
0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION (GIVEN IN PART 1(0) 19. WAS AUT PERFORMI YES N
	L CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.)	
	MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 20d. tNJURY OCCURRED While Not while ot work of work of work 19	(County)
		21. I certify that I attended the deceased from Africal 15, 1957, to aug 16, 195 alive an aug 16, 1958, and that death accurred at 3/157M, from the causes	
		ACTUAL SIGNATURE Waverly S. Freen, J. M.D. Piteaville & M.	rn, stole DATE
1		PHYSICIAN'S NAME (Type)	
0	1	BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF CREMATORY 22d. LOCATION (City, Town Suppose 181958 D. Mila Piage Les	ville mid
1111	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24g. REC'D BY REGISTRAR 24b. RE	GISTRAR'S SIGNATURE

15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08779

e. IS RESIDENCE ON A FARM? YES NO X Yeor

BALTIMORE.

16 1958 UST IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRY? U.S. INTERVAL BETWEEN VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote) that I last saw the deceased and on the date stated above. DATE SIGNED (Stote) STRAR'S SIGNATURE arthur S. Krous

HYABO KO STADISTRIO

8788

CERTIFICATE OF DEATH

Reg. Dist. No.

08780

		Reg. Dist. No.
	1. PLACE OF DEATH G. COUNTY AND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY
	CTY OR TOWN (If outside corporate limits, write RURAL-and give nearest town)	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
)	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS. On A FARM? YES NO
	3. NAME OF DECEASED (Type or print) FLORENCE ELCH	FUKO 4. DATE Manth Day Year OF DEATH CLUM 2 1958
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. In the last birth day) Months Days Haurs Min. Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	STRY 11. BIRTHPLACE (State at fareign country) 12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
)	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (Yes. na. or unknown) (If yes. give war or dates of service)	NFORMANT Glenn dtelle (Same
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate cause (a), stoting the under-lying couse last.	interval serveen Onset and Death
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I ar Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. While Nat while at wark at wark	ACE OF INJURY (Home, farm, ctary, street, office bldg., etc.) (City or tawn) (Caunty) (State)
	21. I certify that I attended the deceased from 1956 alive on Aug 1 1958, and that death	occurred at 8.20 °C.M, from the causes and an the date stated abave. ADDRESS (Street, city or tawn, state) DATE SIGNED M.D. 118 AT Paul ST
1	PHYSICIAN'S JOHN A. NESBITT JR.	Daltura 2, Tuyland
1	220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or equally) (State)
	23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	DATE AUG 5 158 PREGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 stely filled in by the funeral director, Pages 1 and 2 shauld be filed with may be retained by the hasoital or attending physician.

Yell may be retained by the hasoital or attending physician and complete to funeshed by the attending physician and complete to funeshed by the attending physician and complete page 3 should be detached for use as the burial-transit permit. Then please remove carban positive registrar priar to burial, crematian, ar remaval, and in any event within 72 mouts offer deaths.

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the latest state will be the result in the 19 feet and			
			Live University
			WANTEDOWN MESS IN

	L		8789	CERTIFICA	ATE OF DEATH	1		Reg. Dist. N	0.	
	1.	PLACE OF DEATH	Baltimore	MARYLAND	2. USUAL RESIDENCE (WI		l lived. If institution b. COUNTY	n: Residence be		ion)
1		b. CITY OR TOWN (If RURAL ond give ne	outside corporate limits, write orest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			PRAL ond give r	earest town	1)
00	-	OR INSTITUTION	AL (If not in hospital, give street	l oddress)	d. STREET ADDRESS					FARM?
	-	NAME OF	201 York Road		7201 York R			1	YES [NO 🗌
	3.	DECEASED (Type or print)	FRANCES	Middle B.	ENSOR	4. DATE OF DEATH	Aug.	1),		Yeor 19 58
		emale	6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH April 20, 18'	78	9. AGE (In years last birthdoy)	Months Doys		R 24 HRS. Min.
	10. H	during most of work	N (Give kind of work done 10bing life, even if retired)	. KIND OF BUSINESS OR INDU				12. CITIZEN	OF WHAT	COUNTRY
	13.	FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME				
)	_	ohn S. Ben		. SOCIAL SECURITY NO. 17.	Josephine	Virgi	nia Doug			
1	{Ye	os. no or unknown)	If yes, give wor or dates of service)		r. C. B. Enson	r-7201				
	F		TH [Enter only one couse per I 'H WAS CAUSED BY:	ine for (o), (b), and (c).]		1	11''	11	TERVAL BE	
		420.1	IMMEDIATE CAUSE (o)	00	Selensi	ms.	free	very v	nja	mm
		Conditions, if on		aneris	- Selewsi.)	1/	V	"Ku	our
		gove rise to in couse (o), stating t lying couse lost.	he under-							
	Z		ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVI	EN IN PART 1(o)	19. WAS /	AUTOPSY
0	CATION		Venous	Phlolatio	(Port)					RMED?
	CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	UNDERLYING 20b. DES	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Port I or Port	II of item 18.)	b	0	
	MEDICAL	20c. TIME OF INJURY	Month, Doy, Year 20d.	INJURY OCCURRED JOE. PL	ACE OF INJURY (Hame, form	10 (1)	or lown)	(Count	1)	(State)
	MED	Hour o. m. p. m.	19 While of wo	rk of work	ctory, street, office bldg., etc.	.)				
		21. I certify the	at I attended the decea	sed from hay			14, 1958			
		alive an	ung 14 h, 12.	TA, and that death	accurred at 3.254					
		ACTUAL SIGNATURE	6 13.	Ensor	M.D	WENNESS (21)	reel, city or town, s	fole)	DA	ATE SIGNED
1		PHYSICIAN'S NAME (Type)			7201	Sant	Rd. 13	alt /	1 2	ed
	220	BURIAL CREMATION REMOVAL (Specify) BUTIAL	8/16/58	22c. NAME OF CEMETERY OF Druid Ridge	R CREMATORY	2d. LOCAT	ION (City, town, o		(State	:)
0	-	FUNERAL DIRECTOR'S		ADDRESS		D BY REGISTI	SVILLE, M	TRAR'S SIGNAT		
a	60	m. J.1	1chrer 15	Bush -17	Md DATENIE	1 8 '58		un S. Kra		
(1	K. Rollin	. C. Huden A	ID DME E	attimere Con	unty				

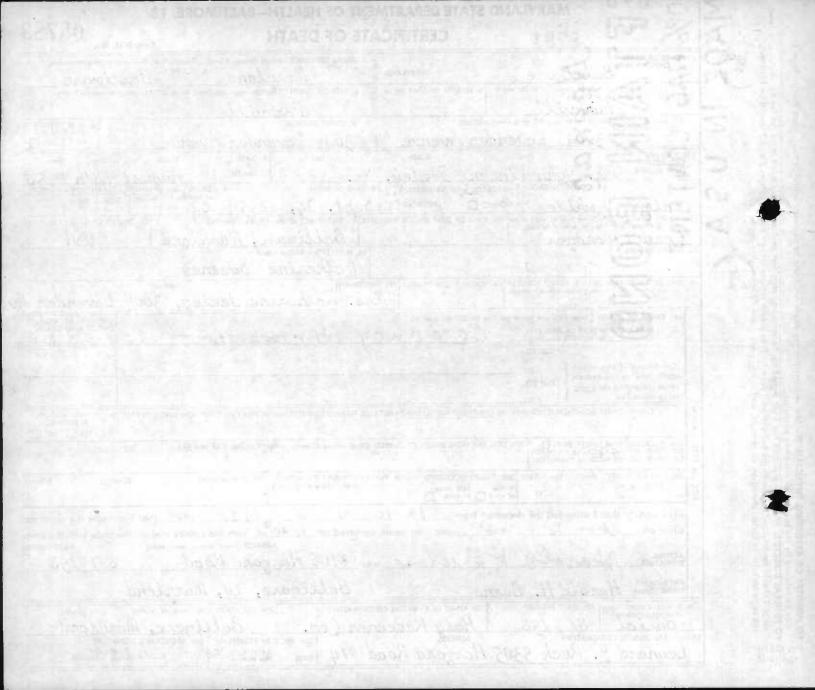
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Within 24 haurs offer dearn. Fage 4		y filled in by the ferreral director.	ages I and 2 should be filled with	M
I DISPLIAL OR ALLENDING PRINCIPAL : The law requires that the death certificate be executed within 24 hours offer death. Tage 4	se on may be retained by the hospital attending physicion.	TO FUNERAL DIRECTOR: After the Pertificate has been signed by the attending physician and completely filled in by the fortestar,	page 3 should be detoched for use as the burial-tronsit permit. Then please remove carbon papel	the registror priar to buriol, crematian, ar remayal, and in any event within 72 Jours after death.
1	5M	10	1/5	7

)		MARY	LAND	STATE DEPA	RTM	ENT OF H	EALTH	-BAL	TIMORE, 1	8		08	782
7		8790		CERTI	FIC/	ATE OF D	EATH			Reg. D	ist. No.	(, 0	
	1. PLACE OF DEATH a. COUNTY B:	altimore		MARY	LAND	a. STATE	ENCE (Who		d lived. If institution b. COUNTY	-	nce befor		
		If outside carporate limi	ts, write	c. LENGTH OF STAY	IN 1b		-		prote limits, write R				
)	Rural	Pikesvill TAL (If not in hospitol, g		5 yrs.		X Pikes d. STREET AG 608 Mi		,	Md.		1		IDENCE FARM?
	3. NAME OF DECEASED (Type or print)	Irene	st	Middle Adell		Falls	1101	4. DATE OF DEATH	Mon		Day	,	Year 19 58
	5. SEX		7. MARI	RIED NEVER MARRI	ED 🗍	8. DATE OF BIRTH	- 175		9. AGE (In years last birthday)	IF UNDE			R 24 HRS.
	Female	White	WIDOW	The state of the s		June 8.	186	7	last birthday)	Months	Doys	Hours	Min.
	100. USUAL OCCUPATI	ON (Give kind of work	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11. BIRTHPLA	CE (Stote o	r foreign c	country)	12. CI	TIZEN O	F WHAT	COUNTRY
	House	king life, even if retired	'	own home		Vir	gini	а			U.S	. A.	
	13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	AME					
	John	n Brooks				Mary	Mat	hhet	t				
	15. WAS DECEASED EV	R IN U. S. ARMED FOR		SOCIAL SECURITY NO	17. 1	NFORMANT			Add	ressPik	esv	1116	8.N
	No	None		None	Mx	s.Ardel	ia H	iner	.608 Mi	lfor	d M	ill	Rd.
	Conditions, if a gove rise to couse (a), stating lying couse last. PART II. OT	immediate (1	sency el	ATH BUT	NOT RELATED TO	THE TERMIN	10 -	Solevi	EN IN PA	RT 1(a) 15	PERFO	AUTOPSY RMED? NO []
	(IF EITHER, NOTIFY	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRE	D. (Enter noture of	injury in P	art I or Par	rt II of item 1B.)				
	20c. TIME OF INJU "Hour o. m. p. m.	RY Month, Day, Ye	While	NJURY OCCURRED Nat while of work		ACE OF INJURY (H ctory, street, office			y or tawn)		(County)		(Stote)
1	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) U	tus C,	decease 19 Gel	, 9	death	M.D. 52	5 G		the causes of treet, city or town, and the causes of treet, city or town, and the cause of the c	ind an		e state	deceased above ATE SIGNED
	220. BURIAL, CREMATIC REMOVAL (Specify BUTIAL	Aug.16,	1958			crematory Cemetery	7	500m	TION (City, town, channan	or county)	a.	(State	e)
	23. FUNERAL DIRECTOR	LEANEL)	1/2	Rearelle)	11//	24a. REC'D	BY REGIS	100	STRAR'S SI		E	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 10/57

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funeral	uld be fil	1)	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08784

				Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institute a. STATE Maruland b. COUNTY	
b. CITY OR TOWN RURAL ond give	(If outside corporate limits, write negrest town) Parkville	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write X Parkville	RURAL and give nearest town)
d. NAME OF HOSP OR INSTITUTION	PITAL (If not in haspital, give street 3309 Texas	oddress) Avenue	1. STREET ADDRESS 3309 Texas Avenue	e. IS RESIDENCE ON A FARM? YES NO DO
3. NAME OF DECEASED (Type or print)	Mr. Edwa	Middle	Last 4. DATE Mo OF DEATH AL	north Day Year yourst 27th 19 50
s. sex male	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED	Sept. 30, 1929 9. AGE (In years last birthdoy) 29 yrs	Months Days Hours Min.
Dratt	TION (Give kind of work done 10b. orking life, even if retired) Aman	KIND OF BUSINESS OR IND Lestinghouse	Baltimore, Maryla	12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Will	iam H. Finke	0	Anna M. Aumiller	
15. WAS DECEASED EV (Yes. no. or unknown)	/ER IN U. S. ARMED FORCES? 16.		Mrs. Florence M. Finke	dress, 3309 Texas Ave
	g the under-	ne for (o), (b), and (c).]	Constii Larcoma	INTERVAL BETWEEN ONSET AND DEATH
PART II. O PART II. O 200. ACCIDENT W OR CONTRIBUTIN (IF EITHER, NOTIF		CONTRIBUTING TO DEATH BU	JT NOT RELATED TO THE TERMINAL DISEASE CONDITION GI	IVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	VAS UNDERLYING 20b. DES IG CAUSE OF DEATH Y MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURE	RED. (Enter noture of injury in Port I or Port II of item 18.)	
20c. TIME OF INJU Hour o. m. p. m.	. While	Not while	PLACE OF INJURY (Home, form, foctory, street, office bldg., etc.)	(County) (Stole)
21. I certify to alive an	that I attended the decease		th accurred at 1:44/M, From the causes ADDRESS (Street, city or town, M.D. 8106 Harford Road	
PHYSICIAN'S NAME (Type)	Harold k	1. Burns	, Baltimore, Maryla	nd
220. BURIAL, CREMATI REMOVAL (Specify	" 8/30/58	Holy Redee		mare, Maryland
23. FUNERAL DIRECTO	1. Ruck 5305	Hartord Roa		ISTRAR'S SIGNATURE

	SI JEGMILLAS HUASH TO	TYPIATO STATE DEPARTMENT	SAM SEVER SEVER
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Fa .46			
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		\$14100 (F128) (F128)	
	manufic describing		
All the state of	Distance M. Timber 3	273-26-77 1765	
	net et al. 12 de seu en		
	Concrete Act and	The selection of the se	Marcall of the
		"Zin Langue Koad I	Leanard J. Ruch

- F. H. A.	8795	CERT	IFICA	ATE OF DEATH			Reg. Dist. No	5.	
1. PLACE OF DEATH o. COUNTY	Baltimore	4 MAR	YLAND	2. USUAL RESIDENCE (Whe	re deceose	d lived. If institution b. COUNTY	on: Residence bef	are admiss	ian)
b. CITY OR TOWN RURAL ond give Catons		c. LENGTH OF STAY		c. CITY OR TOWN (IF ou Baltimore	tside corpa	rate limits, write RI	URAL and give no	earest fown) 🗸
OR INSTITUTION	ITAL (If not in haspital, give street ROVE STATE HOS	oddress) SPITAL		d. STREET ADDRESS	lden	Avenue	#16	_	IDENCE FARM? NO
3. NAME OF DECEASED (Type or print)	First Carl	Middle		Fishback	4. DATE OF DEATH	Mon Augu		,	reor 19 58
5. SEX male	white widow		ED 🔲	8. DATE OF BIRTH April 14, 18		last birthday) Olivers	Manths Days	Hours	R 24 HRS. Min.
brewer,	ION (Give kind of work done 10b rking life, even if retired) y worker — Reti		OR INDUS	Maryland	-	altimore	12. CITIZEN	S. A.	COUNTRY?
TO. FATHER'S NAME	171 11			14. MOTHER'S MAIDEN NA					
15. WAS DECEASED EV	(If yes, give wer or dates of service)	SOCIAL SECURITY NO	Rec	NFORMANT cords: SPRING	GRO	Addr			er
PART 1. DE 163×		ART FI RIECTAS	Ai 18 8	lure of Left	Lu	Ng		SET AND	
gave rise to cause (a), stating lying cause last	the under-	RCINOR	19	of the lu	Ng		Rebra	174	<i>IS</i> :
200. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	THER SIGNIFICANT CONDITIONS AS UNDERLYING CAUSE OF DEATH Y MEDICAL EXAMINER) THER SIGNIFICANT CONDITIONS 20b. DES	RAIN	Jy	NO FELATED TO THE TERMIN NO FOR THE TERMIN C. (Enter nature of injury in Pa	int	7 CRAN	EN IN PART 1(a)	PERFO YES	- 1
ZOc. TIME OF INJU Hour o. m. p. m.	RY Manth, Day, Year 20d. I While at wo	Not while	20e. PL/ foc	ACE OF INJURY (Home, form, street, office bldg., etc.)	20f. (City	or town)	(County		(State)
21. I certify to alive onACTUAL SIGNATURE PHYSICIAN'S PA	August 9 19 June DAD	58, and that	death kas	occurred at 1:15p. AD. SPRING GR	OVE	n the causes a	ospital	ate state	

the registrar priar to burial, TO FUNERAL DIRECTOR: After page 3 shauld be detoched VS A15 (4) 15M 10/57

220. BURIAL, CREMATION, REMOVAL (Specify) BUT121

ely filled in by the funeral director, Pages 1 and 2 should be filed with

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

certificate has been signed by the attending physician and cam

crematian, ar remayal, and in ony event within 72 hours after death.

permit.

as the burial-transit

Then please remave carbon pap

8/12/58 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Glen Haven Cemetery 22d. LOCATION (City, tawn, or county)

DATE

Glen Burnie, Maryland

(State)

240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

THE RESIDENCE TO SELECT AND ADDRESS OF THE PERSON AND ADDRESS OF THE P to reach a time that are so with our to the large to have a reason of the contract of the

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 0701

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1, PLACE OF DEATH O. COUNTY BE	altimore		MAS	RYLAND	II a STATE	DENCE (Wh Maryl		ived. If instituti b. COUNTY	an: Reside		re admiss	
b. CITY OR TOWN (If RURAL and give ned Idlewyl	outside carporote limitarest town) de (Balto.	1	c. LENGTH OF STA	Y IN 1b	c. CITY OR	TOWN (IF o	outside corporat	te limits, write R	URAL and	give ne	arest tawr	1)
d. NAME OF HOSPITA OR INSTITUTION Armacost Nu			oddress)		d. STREET A	ddress k Roa	đ					PARM?
3. NAME OF DECEASED (Type or print)	EMMA		Midd ERSOCK FO	OSTER	Los	1	4. DATE OF DEATH	August		195		Year
5. SEX Hemale	6. COLOR OR RACE White	7. MARR	D NEVER MARI		B. DATE OF BIRT April 1,	н 1878	9.	AGE (In years last birthday) 80 yrs.	Months Months	R I YEAR Days	Haurs	R 24 HRS Min.
10a. USUAL OCCUPATIO during most of worki Housewife	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS Own Hon			ACE (Stote of	ar foreign cau	ntry)		USA	F WHAT	COUNTR
Austin E	Bowersock				14. MOTHER'S	MAIDEN N						
1S. WAS DECEASED EVER [Yes. no. or unknown) (I	IN U. S. ARMED FOR It yes, give wor or dates of s None	ervice)	SOCIAL SECURITY N		NFORMANT Family F	lecord	s	Add	ress			
PART I. DEAT 420. Conditions, if an gove rise to in cause (o), stating to lying cause lost.	he <u>under-</u>	2 1	njoinio	cles tial	nji Nosis	gen Ser	eal ral			ON	ERVAL BE	DEATH
CATE	ER SIGNIFICANT CON		RIBE HOW INJURY						PA IN PA	K1 1(0)	PERFO	RMED?
20g. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY / 20c. TIME OF INJURY Haur a, m. p. m.	MEDICAL EXAMINER)		IJURY OCCURRED Not while	20e. PL	ACE OF INJURY (Home, farm,	20f. (City o			(Caunty)		(State
21. I certify the alive on thave Neve Actual SIGNATURE PHYSICIAN'S DR. PHYSICIAN'S DR.	at I attended the	decease 19 11 cm 12 cm 2 VAN	BERKUM		accurred at	10.30	M, fram	the causes of the causes of the causes of the cause of the causes of the cause of t	and an state)		ite state	
220. BURIAL, CREMATION REMOVAL (Specify) BUTIAL)F 1958	22c. NAME OF CE	METERY O				ON (City, town,	,,,	yler	(Stot	e)
23. FUNERAL DIRECTOR'S John Burr	signature as! Sons, ?	Co we o	ADDRESS n, Marylan	nd			BY REGISTRA	-01	STRAR'S SI	0 1	-	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 ely filled in by the funeral director, Pages 1 and 2 shauld be filed with Then please remove carban event within 72 hours after de may be retained by the hasp TO FUNERAL DIRECTOR: Afte VS A15 (4) 1SM 10/S7

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1YSICIAN: The faw requires that the or attending physician.	certificate hos been signed by the se os the buriol-tronsit permit. The	The registror prior to buriol, cremation, or remavol, and in any event within 72 haurs offer dealn.	0
TO HOSPITAL OR ATTENDING PHYSICIAN: The law required by the hospital or attending physician.	TO FUNERAL DIRECTOR: After page 3 should be detached far u	the registror prior to buriot, crem	1

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F DEATH

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Balti	more	MARYLAND	2. USUAL RESIDENCE o. STATE Maryls	(Where deceased lived. If institution b. COUN	tution: Residence bef	ore admission)
b. CITY OR TOWN (IF RURAL ond give nec		c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate limits, writ	e RURAL ond give no	earest town)
d. NAME OF HOSPITA	L (If not in hospital, give stre		d. STREET ADDRESS	5		e, IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	.James	Middle Carville	Roster	OF		•
Masemore Rd. Masemore Rd. YES NO						
owner o	ng life, even if retired)		Mar	tote or foreign country) yland		
		COCIAL SECURITY NO. 117			Add	
(Yes, no, or unknown) (1						
Conditions, if on gove rise to in couse (o), stoling t lying couse lost.	DUE TO y, which (b) (b) DUE TO mediate he under- (c) (c)	IS CONTRIBUTING TO DEATH BE	UT NOT RELATED TO THE TE	ERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	PERFORMED?
20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY)	CAUSE OF DEATH	ESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury	in Port I or Port II of item 18.		YES NO
20c. TIME OF INJURY Hour o. m. p. m.	Wh				(County	Doy Yeor ON A FARM? YES NO DOY DOY YEOR NOER 1 YEAR IF UNDER 24 HRS. This Doys Hours Min. C. CITIZEN OF WHAT COUNTR U.S.A. INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH (County) (State) ONTE SIGNI
actual SIGNATURE PHYSICIAN'S NAME (Type)	A M . 22b. DATE THEREOF		th accurred at. 9	7 /	s and an the di	OATE SIGNED
PEMOVAL (Specify) DUPTAL 23. EUNERAL DIRECTOR'S		Pine Grove ADDRESS Ork Rd., Towso	24a. F	Parkton, REC'D BY REGISTRAR AUG 1 3 '58	Md .	YES

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1.	PLACE OF DEATH o. COUNTY					2. USUAL RES	DENCE (Who	ere decease	d lived. If in	stitution: Re	esidence b	efore admis	sion)
	Balt	imore		MARY	LAND	a. STATE	ryland		b. COL	JNTY .		rundel	
	b. CITY OR TOWN (If RURAL and give new	outside corporate limit orest town)	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR	TOWN (If or	utside corpo	orate limits, w	rite RURAL	and give	nearest tow	n) 🗸
	Fort	Howard		2 Days	13.7	Se	vern			02	X	2	737
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	address)		d. STREET	ADDRESS					e. IS RES	IDENCE
	or institution Vete	rans Admin	istra	tion Hospi	tal	24	8 Old	Oak R	load			ON	FARM?
3.	NAME OF	Fire	sŤ	Middle		Lo	st	4. DATE		Month		Day	Year
	(Type or print)	FRANK		J.		FRAN		OF DEATH	Ang	zust		,	19 58
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	ED 🔲	B. DATE OF BIRT	Н		9. AGE (In y	ears IF UI		AR IF UND	
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	Mechanic (A	utomobile)	A	utomotive	Dent	Balt	imore,	Marry	land		II.	S. A.	
_	FATHER'S NAME					14. MOTHER'S							
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	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. 18	NFORMANT	110110	-82		Address			
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CAL	20c. TIME OF INJURY	Month, Day, Yea	r 20d. IN	JURY OCCURRED	20e. PLA	CE OF INJURY	Home, form.	20f (City	or town)		(Coun		(Stote)
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	SIGNATURE	all of	fun	~	^	A.D. VAH	FURT	HOWAR	D. MAR	YLAND)	8/6/	58
	PHYSICIAN'S NAME (Type)CH	TEN WEI LAI	M.V	D.		.VAH	FORT	HOWAR	D. MAR	YLAND)		
220	BURIAL, CREMATION	- 1 110	-	22c. NAME OF CEME	TERY OF	CREMATORY		22d. LOCAT	TION (City, to	wn, ar cou	nty)	(Stot	e)
	Burial	8/9/58		Oak Hill	Cem	etery		Balt	imore.	Mary	land		
23.	FUNERAL DIRECTOR'S	SIGNATURE		ADDRESS			24a. REC'D			REGISTRAR		TURE	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Them 11 Film G233 8/28/58 GT CERTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page

may be retained by the haspit or attending physician.

O FUNERAL DIRECTOR: After certificate has been signed by the attending physician and campage 3 shauld be detached for use as the burial-transit permit. Then please remove carban page the registrar prior to burial, crematian, or remayal, and in any event within 72 hours after death.

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ely filled in by the funeral Pages 1 and 2 shauld be

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1. PLACE OF DEATH C. COUNTY Address C. COUNTY C. C		
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	SS OR INDUSTRY 11. BIRTHPLACE (State or	foreign country) 12. CITIZEN OF WHAT COUNT
13. FATHER'S NAME OSWALD GEBLER		Part II af item 18.) City or town) County C
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERMINAL	PERFORMED?
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d. NAME OF HOSPITAL UP of its hospitol, give pifest eddress) d. STEET ADDRESS DECASION 3. NAME OF DECASION DECASION 3. NAME OF DECASION DECASION 3. NAME OF DECASION DEC		
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NAME (Typo) LSabe H. IIII	E OF DATH MARYLAND 2. USUAL RESIDENCE (Where decessed lived. If institution. Residence before admission) 5. STATE NO. TOWN. (I) philode corporate limits, write PARL and give forget town) TY OR TOWN. (I) philode corporate limits, write RURAL and give nearest lown) AME OF HOSPITAL III of in heapind, give piffer oddress) AME OF HOSPITAL III of in heapind, give piffer oddress) AME OF HOSPITAL III of in heapind, give piffer oddress) AME OF HOSPITAL III of in heapind, give piffer oddress) AME OF HOSPITAL III of in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its market in heapind, give piffer oddress) AME OF HOSPITAL III of its fill in heapind, give piffer oddress in	
REMOVAL (Specify) 8-23-58 PROS	MARYLAND Color of the property of the prope	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS /		IN 16 C. CITY OR TOWN (If guildide corporate limits, write RURAL and give nearest town) R. CON A FARMY YES NO A ON A FARMY YES

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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(State)

	8799	CERTIFICA	ATE OF DEATH	Re	eg. Dist. No.	
	o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE Maryland		Residence before Baltime	
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give neagest town) Sparks (rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corp		AL and give ned	arest tawn)
	Sparks (rural) d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION Phoenix Rd.	V	d. STREET ADDRESS Phoenix Rd			IS RESIDENCE ON A FARM? YES NO
13	NAME OF DECEASED (Type or print) Lhomas	Jackson	Tellispil) 4. DATE OF DEATH	Manth	-1-58 ^{Do}	Pore admission) Pore rearest tawn) - 15 RESIDENCE ON A FARM? YES NO D Day Year 19 AR IF UNDER 24 HRS. B Hours Min. OF WHAT COUNTRY? S.A. - A. - A.
1	male 6. COLOR OR RACE 7. MARI	The base of the state of the st	8. DATE OF BIRTH 5-1-1926		UNDER 1 YEAR lanths Days	
1	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) truck driver	kind of Business or Indus		country)		
Ā	3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
	Thomas J. Gillispie	,Sr.	Drusilla	Nolan		
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. Yes. no. or unknown) (If yes, give wor or dates of service) 2		NFORMANT Ethel F. Gillis	Address pie,Spark	1000	
	PART I. DEATH Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	0 0 0	conary This	ruleosis		
	Canditians, if any, which gave rise to immediate cause (a), stating the under-lying cause last.					INTERVAL BETWEEN ONSET AND DEATH PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN	IN PART 1(a) 1	PERFORMED?
		CRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Part I or Pa	rt II af item 1B.)		
	Haur a.m. While	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, farm, 20f. (Cit clary, street, affice bldg., etc.)	y or tawn)	(County)	(State)
	21. I certify that I attended the decease alive an 7/3/ 19	07 -0-	1958, to 7/3,			
1	ACTUAL C. Herhert 7	nueller 2		Street, city or town, state		

PHYSICIAN: The law requires that the death certificate be executed ertificate has been signed by burial-transit may be retained by the has TO FUNERAL DIRECTOR: After page 3 shauld be detached TO HOSPITAL OR

in by the funeral director, and 2 shauld be filed with

attending physician and carr

within 24 hours after death. Page

the registrar priar to burial,

220. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 8-4-58

PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY Poplar Grove

622 York Add., Towson4, Md.

C. Herbert Mueller, Jr.

22d. LOCATION (City, tawn, ar county) Cockeysville, Md.

24a. REC'D BY REGISTRAR 245 REGISTRAR'S SIGNATURE DATE AUG 4

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Rea. Dist. No.

8801 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY MARYLAND BALTIMORE c. LENGTH OF STAY IN 16 RURAL and give nearest town) FORT HOWARD 3 DAYS d. NAME OF HOSPITAL (If not in hospital, give street address)

b. COUNTY MARYT.AND c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) BALTIMORE V01-4 d. STREET ADDRESS e. IS RESIDENCE

b. CITY OR TOWN (If outside corporate limits, write OR INSTITUTION ON A FARM? 1636 COLEHERNE ROAD VETERANS ADMINISTRATION HOSPITAL YES NO TOTAL NAME OF First Middle 4. DATE Month Year DECEASED **JOHN** H (Type or print) GT.ETM DEATH 24 19 58 AUGUST 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours MALE DIVORCED T 1892 WHITE WIDOWED | JUNE yrs. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S.A. BALTO CITY FIRE DEPT BALTIMORE MARYLAND FTREMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GEORGE H GLEIM GESINA GOOSMAN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) YES WW-] NONE CLIN REC ADM HOSP FORT HOWARD MARYLAND 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) BRONCHOPNEUMONIA. RIGHT LUNG UNKNOWN 162.1 DUE TO BRONCHO-ESOPHAGEAL FISTULA Canditians, if any, which UNKNOWN gave rise to immediate DUE TO cause (a), stating the under-DISTANT BRONCHOGENIC CARCINOMA WITH LOCAL. UNKNOWN lying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YESX NO

20a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Manth. Day, Year 20d. INJURY OCCURRED Hour Q. m. While Not while of work at work p. m.

20e. PLACE OF INJURY (Home, farm, 20f. (City or town)

factory, street, office bldg., etc.)

21. I certify that Aattended the deceased from August 21 ... , 19 58, to August 21 ... , 19 58, that Jast somethic received where the course and on the date stated above

ACTUAL SIGNATURE

ADDRESS (Street, city or town, state) DATE SIGNED VAH. FORT HOWARD

BERTRAND E LOWENSTEIN NAME (Type) 220. BURIAL CREMATION. REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY CEMETERY

M.D. VAH. FORT

22d. LOCATION (City, lawn, or county) BALTIMORE. MARYTAND 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

(State)

(State)

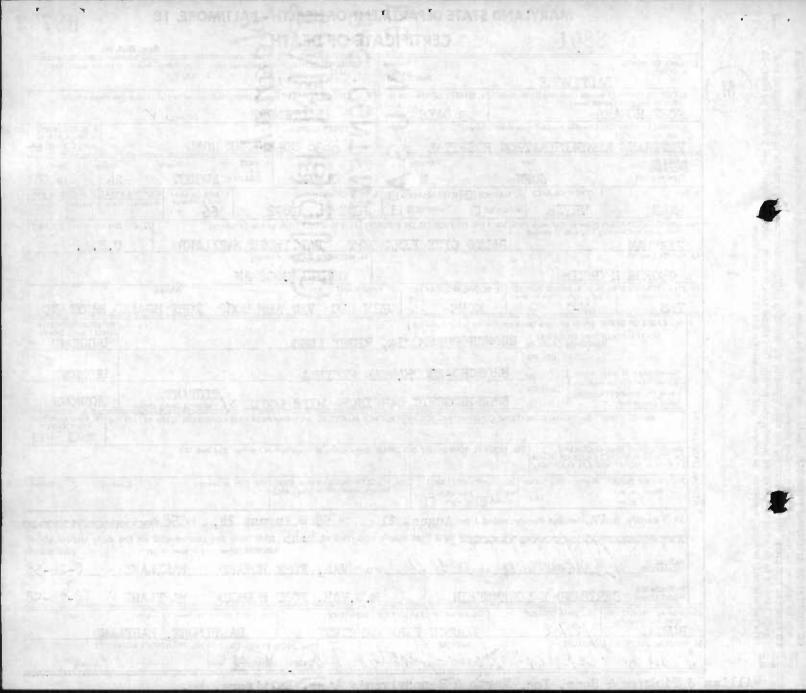
(County)

the registrar TO FUNER page 23. FUNERAL DIRECTOR'S SHONATURE VS A15 (4) 15M 10/57

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William J Ticknew & Sons. Inc. North & Pennsylvania Aves. Baltimore. Md

ADDRESS



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CERTIFICATE OF DEATH

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	0002	CERTIFIC	AIL OI DEAIL	Reg. I	Dist. No.
1. PLACE OF DEATH o. COUNTY	Baltimo		2. USUAL RESIDENCE (When o. STATE Maryl	re deceased lived. If institution: Residand b. COUNTY	
RURAL ond give n	rille i	c. LENGTH OF STAY IN 16	CANDYLEXTINI	tside corporate limits, write RURAL one	d give nearest town)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, give street 5921 Old Freder ouglas Home	oddress) ick Road	d. STREET ADDRESS 1	80 Wineow(?) Stree	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Eustes	Middle	Gray	4. DATE Month OF DEATH August 27	7. 1958 ₁₉
s. sex Male	6. COLOR OR RACE 7. MARR		8. DATE OF BIRTH Apr. 14. 19	9. AGE (In years IF UNDI	ER 1 YEAR IF UNDER 24 HRS.
00. USUAL OCCUPATION during most of wor Laborer	ON (Give kind of work done 10b. rking life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (Stote of British	r foreign country) 12. C	
3. FATHER'S NAME			14. MOTHER'S MAIDEN NA	ME	
	Unknown		Unknown		
15. WAS DECEASED EVE (Yos, no. or unknown)	ER IN U. S. ARMED FORCES? 16. (If yes, give wor or dotes of service)	SOCIAL SECURITY NO. 17. -10-2604		Bolling Address	
gove rise to a couse (o), stoting lying couse lost. PART II. OT	the under- CC (c)	ONTRIBUTING TO DEATH BU		AL DI SEASE AL DISEASE CONDITION GIVEN IN PA	PERFORMED?
20a. ACCIDENT WA	AS UNDERLYING (20b. DESC CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Po	rt I or Port II of item 18.)	ond give nearest town) on A FARM? YES NO ON A FARM? ON A FARM? YES NO
20c. TIME OF INJUR Hour a. ji. p. m.	RY Month, Day, Year 20d. If While at work	Not while fo	LACE OF INJURY (Home, form, octory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
ACTUAL SIGNATURE	. F. mal		h occurred a 2.304 A.M AI M.D. 57 Winter	M, fram the causes and an DORESS (Street, city or town, state) CS Lane	the date stated above DATE SIGNI
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	ON, 226. DATE THEREOF AUE. 288195			2d. LOCATION (City, town, or county) Baltimore, Md	
	rs signature Home	ADDRESS	24g. REC'D	8Y REGISTRAR 24b. REGISTRAR'S S	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 Pages I and 2 should be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and compage 3 shauld be detached for use as the burial-transit permit. Then please remave carbon pother registrar prior to burial, cremation, or remaval, and in any event within 72 haurs after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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VS A15 (4)

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director hours after death. Page filed funeral should the 24 ŏ . 5 filled Pages executed pod carbon physician and MOVE hou attending ease þ permit. any been signed attending physician. burial-transit certificate S USe may be retained by the has FUNERAL DIRECTOR: After page 3 shauld be detached page 0 VS A15 (4) 1SM 10/S7

o. COUNTY

NAME OF DECEASED

Femal e

5. SEX

CATION

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Hour o. m. 21. I certify that I attended the deceased from glive on ACTUAL SIGNATURE PHYSICIAN'S NAME [Type] 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1958 Holv Redeemer Balto. Co. Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Circhar S. Marie connel

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e. IS RESIDENCE ON A FARM?

YES NO TH

Year

19

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO T

> > (Stote)

DATE SIGNED

Aug.11.1958

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(County)

Rea. Dist. No.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Pag ely filled in by the funeral direc Pages 1 and 2 shauld be filed v may be retained by the hospit or attending physician. TO FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and corregge 3 should be detached for use as the burial-transit permit. Then please remove carbon pape the registrar prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	880)6	CERTII	FIC/	ATE OF D	EATH	1		(L, 1	Reg. [Dist. No		8798
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYL	AND	2. USUAL RESID	Maryl			institutio OUNTY	an: Reside	ence befo	re admissi	an)
b. CITY OR TOWN (I RURAL ond give no	orest own)		c. LENGTH OF STAY I	N 1b	c. CITY OR T		utside corpo	rate limits,	write RI	URAL and	give ned	arest town)-
d. NAME OF HOSPIT OR INSTITUTION	IAL (If not in hospital, g				d. STREET A		Drive	#7					DENCE FARM? NO
3. NAME OF DECEASED (Type or print)	Fir MARTI	A	Middle S•		GUGEL		4. DATE OF DEATH	8	Mon 5	58	Do	'	ear
5. SEX Female	White	WIDOWE			Aug. 28	1889	9	9. AGE (II last bir 68	h years thday) yrs.	Manths Manths		IF UNDE Hours	R 24 HRS. Min.
Housewife	ON (Give kind af wark of king life, even if retired	lane 10b.	KIND OF BUSINESS OF	RINDU	Balt	imore	Mary			12. C	ITIZEN C	F WHAT	COUNTRY?
Charles Sch							AME	and the same			18		
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (It yes, give wor or dates of s	rvice)	social security no.		. Howard	L. Gi	igel-l	.07 L	Addr		ive	#7	
Canditions, if a gave rise to it cause (o), stoting lying couse last.	mmediate (<u> a</u>	this of	Jaca Jei	otre le	urc Las	di				F.A.	01-1	hr.
E C	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)		ONTRIBUTING TO DEA							EN IN PA	RT 1(a) 1	PERFO	RMED?
5	MEDICAL EXAMINER) Y Month, Day, Yeo	While	NJURY OCCURRED Not while of work	20e. PL/ fac	ACE OF INJURY (Factory, street, office	tome, form, bldg., etc.	20f. (City	or town)			(County)		(State)
21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	decease _, 19		death	, 1956 occurred at M.D. 6410 MD		M, from ADDRESS (SII	the ca	uses a	nd an		te state	deceased d abave. TE SIGNED
220. BURIAL, CREMATION REMOVAL (Specify) Burial	8/8/58			7	R CREMATORY Cemetery		22d. LOCAT	ion (city.				(State)
23. FUNERAL DIRECTOR'S	S SIGNATURE Y FR	AB	ADDRESS	2	rol.	24a. RECIT	BE REGIST			7	IGNATO	RE	

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MARTIAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	70
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1. PLACE OF DEATH o. COUNTY Bal	timore	MARYLAND	2. USUAL RESIDENCE (o. STATE Mary.		ved. If Institu			nission)
b. CITY OR TOWN and give nearest to		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carporol	e limits, write	RURAL ond gi	ive nearest to	own)
d. NAME OF HOSP	ITAL OR INSTITUTION (If n	ot in hospital, give street address)	d. STREET ADDRESS 904 Essex	x Avenue			ON	RESIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	First Luise	Middle Gu	ttmann.	4. DATE OF DEATH	Month			Year 1958
5. SEX Female		MARRIED NEVER MARRIED B.	7/15/1874	lo	GE (In years at birthday) 4 yrs.	1FUNDER 1Y Months Da		Min.
House		106. KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Stol		γ)		n of what	COUNTRY
13. FATHER'S NAME John	Wolfrom		14. MOTHER'S MAIDEN unknown.					
1S. WAS DECEASED E (Yes. no. or unknown)	VER IN U. S. ARMED FORCE (If yes, give wer or dates of serv NONE		Frank Gutt	mann	Address			
PART I. DE 422, / Conditions, if gove rise to imm (o), stoling the couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO ony, which ediate couse underlying DUE TO (c)	Per line for (o), (b), and (c).] A-S-C-V-D NONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	AINAL DISEASE CO	NDITION GIV		(a) 19. WAS	yrs.
PART II. O 20g. EXTERNAL C. PRIMARY or CC CAUSE OF DEATH 20c. TIME OF INII Hour o. m p. m	URY Month, Day, Year	White Not while focto	E OF INJURY (Hame, forry, street, office bldg., etc.	m, 20f, (City or h		(County		(Stole)
21. I certify	. 19	f the remains described above	ve, held an Autops cide , Hamicide _M.D. CHIEF MEDICAL E ASSISTANT MEDICAL DEPUTY MEDICAL	EXAMINER CAL EXAMINER	ection		,	find that
220. BURIAL, CREMATI REMOVAL (Specif	v)	22c. NAME OF CEMETERY OR 1958 Oaklawn Cem	CREMATORY	22d. LOCATION Baltin		or county	(Sto	le)
23. FUNERAL DIRECTO	er's Signature Bruzdzinski	1407 Eastern Ave	#91 24a. REC	D BY REGISTRAR AUG 21 '58		STRAR'S SIGNA	ATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH Rea. Dist. No. 1. PLACE OF DEATH ROSEWOOD State Training School 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY MARYLAND Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 53 Dundalk 22. Maryland 7 months d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Rosewood State Training School 854 Jaydee Avenue YES NO. Middle 4. DATE Month Day Yeor Marie Guzzone 8 DEATH 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY U.S.A. Maryland 14. MOTHER'S MAIDEN NAME Betty Hutzler 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rosewood Records 18. CAUSE OF DEATH [Enter only one couse per, line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH necrosis of transverse PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? anoxia Hill mental deficiency YES NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while at work of work 21. I certify that I ottended the deceased from. ___, 19___,that I lost sow the deceased and that death occurred at 2: 450 M, from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED 700 Fleet Stret Falto

22a. BURIAL, CREMATION, 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

22c. NAME OF CEMETERY OR CREMATORY

36. REGID BY SEGISTEAS

24b. REGISTRAR'S SIGNATURE

(State)

22d. LOCATION (City, town, or county)

VS A15 (4) 15M 10/57

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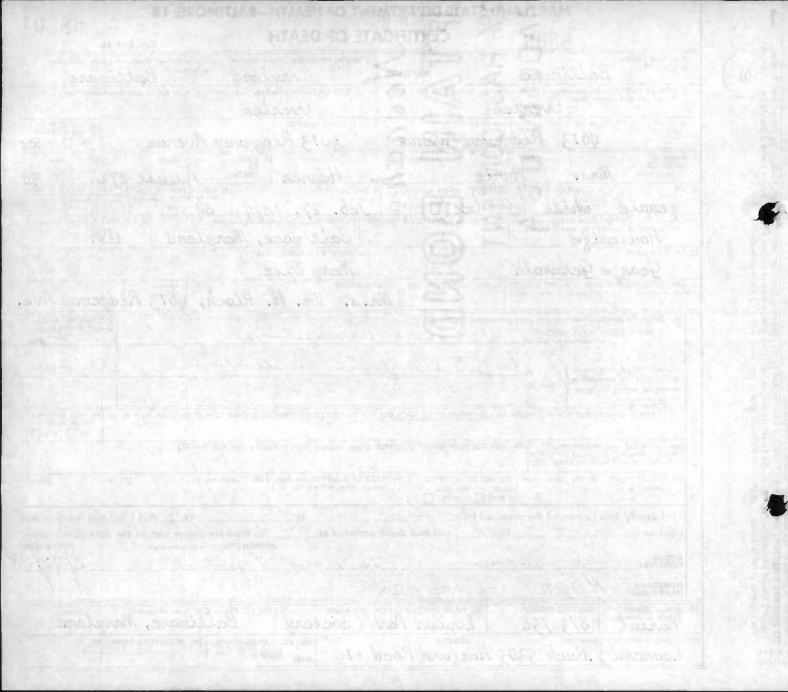
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nin 24 hours after death. Page 4	filled in by the funeral director, pages 1 and 2 should be filed with	A.
le deoin certificore de executed within 24 hours affer death. Page 4	ottending physicion and comparely filled in by the funeral director, in please remaye carbon pop. Pages I and 2 should be filed with	t within 72 haurs ofter-death.

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
0088	CERTIFICATE	OF	DEATH	

0001	keg, Dist. No.
1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest lawn) Overlea	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) **Overlea*
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 4613 Ridgeway Avenue	d. STREET ADDRESS 4613 Ridgeway Avenue e. IS RESIDENCE ON A FARM? YES \(\sum \) NO (\sum \)
3. NAME OF DECEASED (Type or print) Mrs. Annie	Hagner DEATH August 27th 19 50
temale white WIDOWED TX DIVORCED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 FEAR IF UNDER 24 MRS. Months Days Haurs Min. 8. DATE OF BIRTH 9. AGE (In years Months Days Haurs Min. Months Days Months Months Days Months Month
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	Baltimore, Maryland USA
13. FATHER'S NAME George Germroth	Mary Wise
(Yes an or unknown) . If we are not a date of comices	r.s. Wm. H. Plock, 4613 Ridgeway Ave
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse last. (c)	Lemonlinge ONSET AND DEATH ONSET AND DEATH OF THE PROPERTY OF
O C	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
OK CONTRIBUTING LI CAUSE OF DEATH U (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 1 or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED for the p. m. 19 of work of work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. Any 18 alive on Chy 15. , and that death signature. Herry Slavenum. PHYSICIAN'S HARRY (FLASS MAN)	occurred at 3 p. M, from the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNE M.D. 7/2 W From the Causes and an the date stated above ADDRESS (Street, city or town, state) B. 3.8
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 8/30/58 Loudon Par	
23. FUNERAL DIRECTOR'S SIGNATURE Leonard J. Ruck 5305 Harford Road	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 9 58



executed oug certificate attending = ony per certificate cremation, 00 use detached to burial, FUNERAL DIRECTOR: prior 3 shauld be the registrar page 10 15M 9/55

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CERTIFICATE OF DEATH

Reg. Dist. No.

	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	here deceased lived. If in: b. COL	stitution: Residence JNTY	before admission)
	 CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) 	te c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, w	rite RURAL and gi	ve nearest town)
	Fort Howard	9 Days	Baltimore		31/	11-4
	d. NAME OF HOSPITAL (If not in hospital, give str OR INSTITUTION	eet address)	d. STREET ADDRESS			e. IS RESIDENCE
1	Veterans Administr	ration Hospital	4306 R. L	ombard Stree	t	YES NOTE
3.	NAME OF First	Middle	Lost	4. DATE	Month	Doy Year
	(Type or print) WTT.T.TAM	Α.	HARRISON	OF DEATH A116	ust	21 1958
5.		ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In y	ears IF UNDER 1	YEAR IF UNDER 24 HRS.
		OWED DIVORCED	June 25, 189	- last, birthe		Days Hours Min.
100	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
	Stationary Engineer	Public Building	Oxford, M	arvland	U.	S. A.
	FATHER'S NAME		14. MOTHER'S MAIDEN N			
	Joseph Harrison		Helen Shor	t		
15.	WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17.	INFORMANT		Address	
	Yes WW I	213-10-2728 C1	in.Rec., Vet.A	dm. Hospital,	Ft. Howa	rd, Md.
	18. CAUSE OF DEATH [Enter only one cause pe					INTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY	CEREBRAL INFARC	PTOM LEET			ONSET AND DEATH
	332× DUE TO	OLIMINALI LIN AND	TOTAL STREET			T LIGHTII
	Conditions if now which)					
	gave rise to immediate					
	luing agus fast					
z	PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	I GIVEN IN BART	10 WAS AUTORSY
CATION	Obesity			THE DISENSE CONDITION	OIVER HATAKI	PERFORMED?
IFIC	20a. ACCIDENT WAS UNDERLYING [7] 20b. I	DESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in I	Port Lor Port II of item 18	1	YES 🔀 NO 🗌
CERTIFI	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			on to to to to to to to		
3	20c. TIME OF INJURY Month, Day, Year 20c	d. INJURY OCCURRED 20e. PI	ACE OF INJURY (Home, form	20f. (City or town)	100	unty) (State)
MEDICAL	Hour o. m. W	nile Not while fo	ctory, street, office bldg., etc.)	(00	only) (Sidle)
1	V A		. ro A		CO 3ETESTE	
	21. I certify that aftended the dece		, 1958 , to Aug			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1	PINA NAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX and that death				
	ACTUAL SIGNATURE WELL W	3 - /		ADDRESS (Street, city or to	own, stote)	DATE SIGNE
	SIGNATURE COLOR	- dans	M.D. VAH, FORT	HOWARD, MA	RYLAND	8/22/58
	PHYSICIAN'S NAME (Type) (*LITTEN) TATET TANK					
220	BURIAL, CREMATION, 22b. DATE THEREOF		VA_HOSPITAL			AND
	REMOVAL (Specify)	22c. NAME OF CEMETERY C		22d. LOCATION (City, to		(State)
	FUNERAL DIRECTOR'S SIGNATURE.	Woodlawn Cer		Baltimore,	- 4/	
2	Um Pook- Dicht	ADDRESS			REGISTRAR'S SIGN	IATURE
Life.	. Cook-Blight, The. 600	9 Harford Rd., B	alto.ll, NAME A	UG 2 6 '58		
			1875 (7-77)		Orthun 8.	House

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital a attending physician. **D FUNERAL DIRECTOR**: After a certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remave carbon pay the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours after dealer. may be retained by the hasp;
TO FUNERAL DIRECTOR: After VS A15 (4) 1SM 10/57

ely filled in by the funeral director. Pages 1 and 2 shauld be filed with

A Part of	MARYLAND STATE DEPARTMENT OF HEALTH -PINCEMORGES.
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VS A15 (4)

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CERTIFICATION

ARYLAND	STATE DE	PARTMENT	OF HEALTH—BALTIMORE,	18
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ACOAL

		813	CERTIFIC	ATE OF DEAT			Reg. Dist.	
o. COUNTY	Baltimore		MARYLAND	2. USUAL RESIDENCE (V		d lived. If instituti b. COUNTY	on: Residence t Balti	
b. CITY OR TOWN (I RURAL ond give no	outside corporate limit	s, write	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corpo	prote limits, write R	URAL ond give	nearest town)
Fort Hov			224 days	X Fullerto	on			
d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street od		d. STREET ADDRESS				e. IS RESIDENCE
Veterans	Administra	tion !	Hospital	Lilac La	ae			YES NO X
NAME OF	Fire		Middle	Lost	4. DATE	Mon	th	Day Yeor
(Type or print)	FREDERI	CK	C.	HART	DEATH			19 58
. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	1000	EAR IF UNDER 24 HR
M	White	WIDOWED	DIVORCED	10/23/94		lost birthdoy)	Months Do	ys Hours Min.
On USUAL OCCUPATION	ON (Give kind of work d	one 10b. KI	ND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	e or foreign o		12. CITIZEI	N OF WHAT COUNT
Electric We	king life, even if retired)			Baltimore	e Count	Tr Md	II S	S.A.
3. FATHER'S NAME	02402			14. MOTHER'S MAIDEN		9.7 9 2200	J Oek	,,,,
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S. WAS DECEASED EVE	R IN U. S. ARMED FOR	CES? 16.50	CIAL SECURITY NO. 17.	INFORMANT	II PHY:	Add	ress	
	(If yes, give wor or dates of se	72/17	730-4638	Lin.Records V	ata Adv	. Woonit .	T THE U	Md beauty
IB. CAUSE OF DEA	ATH [Enter only one co	use per line		LIM-Mecords V	eus. Mu	" uospīca		NTERVAL BETWEEN
	TH WAS CAUSED BY:	DATET		TOTO A T				DISET AND DEATH
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couse (o), stoting								
lying couse lost.) (c)	OLTIONIS CO	NATIONAL TO DEATH BE	IT MOT BELL YER TO THE YER	MALAN BIASA			The time to be a
Generali	zed Arterio	seel ar	nais. Thromb	osis Middle C	WINAL DISEAS	E CONDITION GIV	'EN IN PART 1(d	PERFORMED?
R & L				ED. (Enter nature of injury in			33,	YES XX NO
E TOK CONTRIBUTING	MEDICAL EXAMINER)	206. DESCR	IBETHOW THURT OCCURR	ED. (Enter nature of injury in	Port I or Por	t II of item 1B.)		
The Entre of the State of the S	Y Month, Day, Yea	r 20d. INJ	_ Not while f	PLACE OF INJURY (Home, for octory, street, office bldg., e		or town)	(Cour	nty) (State
20c. TIME OF INJUR Hour o. m. p. m.	19	of work	ot work		i			
20c. TIME OF INJUR Hour o. m. p. m.	AT A	of work [11 19 58 to A1	ugust 2	23 10 58	BEX CONTROL	0800000909
20c. TIME OF INJUR Hour o. m. p. m. 21. I certify th	nat attended the	ot work [from January	11 , 19 58 , to At				

ACTUAL 8-24-58 VAH. FORT HOWARD, MARYLAND NAME (Type) BERTRAND E LOWENSTEIN M.D. VAH. 8-24-58 220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 22c. NAME OF CEMETERY OR CREMATORY 22d. 95310NBel sir or Road (Stote) 8/27/58 Baltimore, Maryland
REGISTRAR 246. REGISTRAR'S SIGNATURE St. Michaels Luth Cemetery 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR AUG 2 6 '58 DATE

Wm.Cook-Blight, Harford Rd, Baltimore,

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23. HUNERAL DIRECTOR'S SIGNATURE

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MADVI AND STATE DEDADTMENT OF HEALTH DAITIMANDE 10

re Maryland
246. REGISTRAR'S SIGNATURE

Baltimore

240. REC'D BY REGISTRAR

DATE AUG 1 1

		8	814	CERTIFIC	ATE OF D	EATH		IIMORE,				806
1 PLAC	E OF DEATH	The at .	O L T		77					ist. No		
o. Co	OUNTY /	selleme	wo	MARYLAND	o. STATE	DENCE (W)	iere decease	d lived. If instituti b. COUNTY	on: Keside	ence beto	re admis	sion)
h ()		Bedford Ro		c. LENGTH OF STAY IN 16		aryla			Balt			
	JRAL and give ne		ills, wille	C. LENGIN OF STAT IN 18	e. CITY OR I	IOWN (II d	outside corpo	rote limits, write R	URAL ond	give nec	rest tow	n)
1.44	Villa				Mary	land.						
d. N	R INSTITUTION	AL (If not in hospital,	give street o	oddress)	d. STREET A	DDRESS						SIDENCE A FARM?
					4112	Bedf	ord R	oad			YES [NO
3. NAN	AE OF EASED	F	irst	Middle	Los	1	4. DATE	Mon	ith	Do	у	Yeor
	or print)	CHARLE	S	FREDERICK	HERBOLD.	JR.	DEATH	Augus	t	7		19 58
5. SEX		6. COLOR OR RACE	7. MARRI	ED A NEVER MARRIED	B. DATE OF BIRTH	1		9. AGE (In years	-	R 1 YEAR	IF UND	ER 24 HRS.
Me	le	White	WIDOWE		Aug. 8.	1914		43 AA/ yrs.	Months	Days	Hours	Min.
10a. US	UAL OCCUPATIO	N (Give kind of worl	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPL				12. C	TIZEN C	F WHAT	COUNTRY
dur	ing most of work	ing life, even if retire	d)									
	aftsman HER'S NAME				14. MOTHER'S			ryland		U. S	, A,	
		77	~		1100.00							
		. Herbold	Sr.		Carr	ie Sc	houman					
		R IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	INFORMANT			Add	ress			
N	0		2	16-03-6541	Dorothy Z	iegle	r Herl	pold 411	2 Be	dfor	d Ro	ad
1B.	CAUSE OF DEA	TH [Enter only one of	ouse per lin	e for (a), (b), and (c).]	1	2				INT	RVAL BE	ETWEEN
	PART I. DEA	TH WAS CAUSED BY:		lios-blanta	ma. 1	mos	lan	- 01		ONS	ET AND	DEATH
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	onditions, if or			132	am -		0	'				
	ove rise to in	nmediale	b)		'					-		
	use (o), stoting	the under-	0									
-	ing couse lost.		c)									
CATION	PART II. OTH	IER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PA	RT 1(o) 1	9. WAS	AUTOPSY DRMED?
3												NO
OE (IF	. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter noture of	f injury in f	Port I or Port	I II of item 1B.)				1111
U (IF	EITHER, NOTIFY	MEDICAL EXAMINER)										
₹ 20c.	TIME OF INJUR	Month, Doy, Y	eor 20d. IN	JURY OCCURRED 20e. F	LACE OF INJURY (Home, farm	, 20f. (City	or town)		(County)		(Stote)
WEDICAL 20c.	Hour o.m.	19	While	Not while f	octory, street, office	bldg., etc.)			(Coomy)		(3,0,6)
ž -	p. m.		of work	ot work	Δ)					
21.	I certify th	at I attended the	e decease	d from Tul. 1	7 1955	; to	my	7-, 19.50	,that I	last so	w the	decease
ali	ve on the	7-7-	196	and that deat	h occurred at	4.179	M, fron	n the causes o	nd on	the do	le state	ed abay
		610	21	1	/	000		reet, city or Joyn,	279191			ATE SIGNE
ACT	NATURE '	rand f.	Gho	unher	MD 4400	1 File	ent 4	to Ilan	To-	7-1	1	gug-
		- 11	01	1	14.0.	1 1			1		7	
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	RIAL, CREMATION	N. 22b. DATE THERE	OF.	22c. NAME OF CEMETERY	OR CREMATORY	J. J. J.	2114	HONI (Cit	7			
REA	MOVAL (Specify)							ION (City, town,			(Stot	e)
B	urial	Aug. 11	1958	Lorraine Cer	neterv		Balt	timore	M	arvl	and	

Lorraine Cemetery

\$600 Liberty Heights Ave.

VS A15 (4) 15M 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Death charged statistically to Montg. Co.
See letter from Dr. M. Taback, 11/24/58 to Dr. Kraus;
also this agrees with Tbc. Bureau&s records. Montg.
County reported the case in 1955. Case No. 67.

ams 11/28/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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	may be retained by the haspitator attending physician.	TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and compression in by the funeral direc		1
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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
817	CERTIFICATE OF DEATH	Reg. Dist. No.

08809.

>	1. PLACE OF DEATH o. COUNTY Ba	ltimore		MARYLAND	o. S1	AL RESIDENCE (VIATE Maryland		d lived. If institution	n: Resider	ice before	odmissi	on)
	b. CITY OR TOWN (If RURAL and give ne		ts, write	c. LENGTH OF STAY IN 18	c. C	TY OR TOWN (I	f outside carpo	prote limits, write R	URAL ond	give neare	st town	
	Rural Mic	ddle River		19 years	XR	ural	Middle	River				
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	address)	/ d. S	TREET ADDRESS				e.	IS RESI	DENCE FARM?
	1323 Fuse	Lage Avenu	е		132	3 Fusela	age Ave	nue				NO 🔼
	3. NAME OF DECEASED	Fir	st	Middle		Last	4. DATE	Mon	th	Doy	Y	eor
	(Type ar print)	Edwar	d	Leon	Hu	SS	DEATH	Augus	st	6	1	958
	5. SEX	6. COLOR OR RACE	7. MARR	RIED X NEVER MARRIED	8. DATE			9. AGE (In years		1 YEAR IF		
	Male	white	WIDOWI			t. 14, 1		last-birthdoy)	Months	Doys 1	Hours	Min.
	10a. USUAL OCCUPATIO	N (Give kind of warking life, even if retired	dane 10b.	KIND OF BUSINESS OR INI	OUSTRY 11.	BIRTHPLACE (Sto	te ar fareign c	ountry)	12. CI	TIZEN OF	WHAT	COUNTRY?
	Mfg. Eng. &	-		en Martin Co		Perry Co	. Penn	sylvania		U.S.A		
,	13. FATHER'S NAME				14. MC	THER'S MAIDEN	NAME				4	
/	Hayes L.	Huss				Carrie 1	Baker					
	IS. WAS DECEASED EVER			SOCIAL SECURITY NO. 17	INFORMAL	NT		Addr	ess			
	no	r yes, give war or doles or s		79-09-1018	Ars. E	thel Hus	ss 132	3 Fusela	ge Av	enue		
		TH [Enter anly one co	use per li	ne far (a), (b), and (c).					0		VAL BET	
	PART I. DEAT	H WAS CAUSED BY:	,	Metasta	i c.	Cano	inon	na	21	ONSET	TAND	DEATH
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	gave rise to in	mediate (DUE TO		V		1	ny				-/	2-00
	lying cause lost.	ne under-				1				1000		
	PART II. OTH			ONTRIBUTING TO DEATH B	UT NOT RELA	ATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PAR	T 1(a) 19.	WAS A	UTOPSY
)	PART II. OTH										PERFOR	NO D
	E 20- ACCIDENT WAS	UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUR	RED. (Enter r	nature of injury in	n Part I or Par	t 11 of item 18.)				
	U (IF EITHER, NOTIFY	MEDICAL EXAMINER)										
		Manth, Doy, Ye	1			NJURY (Hame, for		or town)	(County)		(State)
	Hour e.m.	19	While of war	Not while	ruciory, sire	et, affice bldg., e	etc.)					
	21 I cartify the	at I attended the	deceas	ed from	u. 1	055 00 (8 ~	105	Khan I	last sau	. Also	
	alive on	1100	10.	and that dea	th occurr	ad at &	PIT	19.)				deceased
	University of the second	011		J. IJ., and may dee	in occur	ea ai01		n the causes a		ne date		a above.
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1	SIGNATURE		1	achieff-	_ M.D. 🗪	~1	2/00	mas	2	Q		2-12-0.
	PHYSICIAN'S NAME (Type)	avis	EN	1ENOFF	1	BAL	Tim	or 20	Me	1		
	220. BURIAL, CREMATION	V, 22b. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMAT	ORY	22d, LOCA	TION (City, town, o	or county)	4	(State	1
	REMOVAL (Specify)	8-9-1958	}	Belair Memor	ial Ga	ardens		ford Coun		Mary:		
	23. FUNERAL DIRECTOR'S			ADDRESS			C'D BY REGIST	RAR 24b. REGIS		U	,	
	Toppalm Fu	neral Home	74	0/ Below.	Bel.	6 DATE	AUG 1 1	'58 (1	the	such		

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 GOLO MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08810

	0017						Reg.	Dist. No		
1. PLACE OF DEATH				2. USUAL RESIDENCE	(Where dece	used lived. If insti	tution: Resi	dence bel	ore admi	ission)
a. COUNTY	altimore		MARYLAND	o. STATE		b. COUN				
	If autside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN		recrete limite well		Balti		
and give nearest tow	n)						in woulde 0	ing Stra II		
	Luthervill			17	Luther	ville		-		
			pital, give street address)	d. STREET ADDRESS						A FARM?
	1102 Long B:	rook H	Rd.	1102	Long	Brook Rd	. 76.5] NO [
3. NAME OF	Fin	ıt	Middle	Lost	4. DATE	Mor	oth	Day	Y	fear
(Type or print)	James	Q.	V:	Jackson	OF DEATH			00	1	9 50
5. SEX	6. COLOR OR RACE					9. AGE (In years	IE UNDE	20 R TYEAR		ER 24 HRS
	0.000.00.00.00					lost birthday)	Months	Days	Hours	Min.
male	White	WIDOWEL		July 12, 1		3 yrs				
On. USUAL OCCUPATI	ON (Give kind of work on life, even if retired)	done 10b. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Sto	te or foreign	country)	12. C	ITIZEN O	F WHAT	COUNTRY
				Flor	ida					
13. FATHER'S NAME				14. MOTHER'S MAIDEN						
Rohand	t L. Jackson			77.7						
	VER IN U. S. ARMED FO		SOCIAL SECURITY NO. 17.	NFORMANT	nce Ke	athley Addre				
(Yes, no, ar unknown)	Ilt yes, give war or dates of			100-00-00-00-00-00-00-00-00-00-00-00-00-	B LOX					
				Mr. Robert L	. Jack	son 11	02 Lo	ng B	rook	Rd.
18. CAUSE OF DEA	ATH [Enter only one cou	se per line i		1.0				INTER	T AND DEA	EEN
PART I. DEA	TH WAS CAUSED BY:	147	EPATIC C	OMA				1	11	1 4
756.2						N .		/	YV	
		PAN	GEN ITAL T	ZHARY	ATR	ES.A		1 2	1 40	><
Conditions, if a		6010	6-610 11112)10.111.1	11 111	71.		0	K	-
(o), stoting the										
couse last.	(c).						500			
Z PART II. OT	HER SIGNIFICANT CON	DITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION G	IVEN IN PA	RT 1(o) 1		
PART II. OT								,	PERFO	NO TO
20g. EXTERNAL CA	USE WAS 20	b. DESCRIRE	HOW INJURY OCCURRED.	Enter nature of injury in P	ort t or Port I	Lof item 1R)				.10 [4
20g. EXTERNAL CA PRIMARY OF CO CAUSE OF DEATH.	NTRIBUTING []		WORK OCCORNED.	and holde of injuly in Pe	on For Fort	o nem te.j				
		lassi								
20c. TIME OF INJU	IRY Month, Day, Yea	While	t	CE OF INJURY (Home, for	rm, i 20f. (Cit	ly or town)	(C	ounty)		(Stote)
Hour a.m.	19		rk ot work	, , , , , , , , , , , , , , , , , , , ,						
21. I certify t	hat I taak charge	of the r	emgins described abo	ve. held an Autan	SV .	Inspection [l. Inqu	iry 🗾	and	find the
	from: Natural		-/				3.		, una	mid me
Gedili Tesolied	anom: Maiorai	cuoses []	T, Accident [1, 30	icide [_], Hamicic	ie 🗖, C	Indetermined	cause [4.		
ACTUAL V	1/1/	11/	1. 6.						DATE S	HOMED
SIGNATURE	MAMANN	11/11	MOUNT	_M.D. CHIEF MEDICAL	EXAMINER [1	1-27
EW A AAAA MIDIG	1	1	1	ASSISTANT MEDI	CAL EXAMIN	ER 🔲		8	1201	CU
EXAMINER'S NAME (Type)	VILLIGM	17.	MILLIS BUR	DEPUTY MEDICA	LEXAMINER			0	1001	20
	ON, 22b. DATE THEREO	F I	22c. NAME OF CEMETERY OF	CREMATORY	22d 10C	ATION (City, town	or courty		(State	a)
REMOVAL (Specify)								(21010	0)
Buriel	8/23/58		Dade Mem.			ami, Fla				
23. FUNERAL DIRECTOR	CS SIGNATURE	. 01	DDRESS		C'D BY REGIS		SISTRAR'S S	IGNATUR	RE	
Vim. J	· veru	4	sour- va	DATE	JG 2 5 '5	8 an	thun 8	4		
U				Mix	-	•				

VS. A15ME(5) 5M 9/55

cute the certificate, writing forwarded to the Chief M.
TO FUNERAL DIRECTOR: Pos

or removal.

PLANCE TO LEGISLATION OF THE PARTY OF THE PA

1		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
15		8819 CERTIFICATE OF DEATH Reg. Dist. No. 32
I director, filed with	1.	PLACE OF DEATH a. COUNTY Baltimore County MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY B. COUNTY B. CL + 1
be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
e e o	-	Mt. Wilson, Maryland 4 WRO. D2/T6, 194 3V0/4 d. NAME OF HOSPITAL (If not in hospitol, give street oddress) d. STREET ADDRESS e. IS RESIDENCE
d 2 d 2		or institution Mt. Wilson State Hospital 1224 Mervland Av YES NOS
- P-		NAME OF DECEASED (Type or print) Hazeriet James DEATH Day Year 1958
within 2.	-	SEX 6. COLOR OR BACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthdoy) Months Days Hours Min.
carry pap pap path.	100	USUAL OCCUPATION (Give kind of work done 100s. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Store or foreign country) 12. CITIZEN OF WHAT COUNTRY: during most of working life, even if, retired)
ě pro	13	Sales lady Bragers Stoke NEW YORK U.S.A
riticate be physician a emave carbo haurs after		Stow-lames Nellie Patterson
		WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Hospital Records, Mt. Wilson State Hospital
attending attending please r within 72	F	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]
the de atte		PART I. DEATH WAS CAUSED BY: Carcinoma of Oesphaous ONSET AND DEATH
y th → in the intervel		Conditions, if ony, which)
n. signed b it permit.		gave rise to immediate cause (a), stating the <u>under-lying cause lost.</u> (b) DUE TO (c)
physicia as been ial-trans aval, ar	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
IAN: Thending ficate hit ficate huri	CERTIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
PHYSIC or att certi use as ematian	MEDICAL	20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 20d. INJURY OCCURRED While Not while at work at work at work at work at work.
hospit Affe ed for ial, cr		21. I certify that I attended the deceased from
TEN TOR: Jetach Ta bur		alive an
OR A DIRECT DIRE		SIGNATURE William Mucamus M.D. Mt. Wilson, Maryland
RAL D should strar		PHYSICIAN'S NAME (Type) William Newcomer, M.D. Superintendent
o HOSP may be o FUNE page 3 the regi	220	De BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City: town, or county) The Delica 21 (Specify) Quy 11/58 Utics 21 (Specify)
VS A15 (4)	23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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1. PLACE OF DEATH o. COUNTY BE	altimore		MARY	LAND	O STATE -	Md.	ere deceased	l lived. If institution b. COUNTY	Balt:		
RURAL and give r	(If outside corporate lim nearest town) Sedale	its, write	c. LENGTH OF STAY	IN 1b	.,	Rosed	mt - 6	rote limils, write R	URAL and give n	earest tav	√n)
d. NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital,		AVe.		d. STREET A	DDRESS	Brig	htside	Ave.	ON	A FARM?
NAME OF DECEASED (Type or print)		JAND.	Middle A (YANDA))	Los		4. DATE OF DEATH	August	lh [Day	Yeor 19 58
sex mal e	6. COLOR OR RACE	7. MARRI	ED NEVER MARRIE	_	Feb. 25		2	9. AGE (In years lost birthday) 70 yrs.			DER 24 HRS
a. USUAL OCCUPATI	ON (Give kind of work rking life, even if refired ot Maker	1)	ind of Business o				or foreign co Lovak		12. CITIZEN	OF WHA	T COUNT
. FATHER'S NAME	unkn	OWN			14. MOTHER'S	MAIDEN N		known			
. WAS DECEASED EV	ER IN U. S. ARMED FOI (If yes, give wor or dates of	RCES? 16. 5	SOCIAL SECURITY NO.		nformant ina Kraj	1. da	aught	Add			
Conditions, if a gove rise to cause (a), stating lying cause tost.	the <u>under</u> DUE TO	c)	wang		x u ve o	(Jeen	ax p	mig	10	9
	THER SIGNIFICANT COM		ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASI	E CONDITION GIV	EN IN PART 1(0)	PERF	ORMED?
OR CONTRIBUTING	AS UNDERLYING A G CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OF	CCURREC). (Enter noture o	f injury in P	Part I or Part	II af item 18.)		YES [] NO [
20c. TIME OF INJU Havr o. m. p. m.		While	JURY OCCURRED Not while of work	20e. PL/ foc	ACE OF INJURY (flory, street, office	Home, form bldg., etc.	20f. (City	or town)	(Count	r)	(Stote
21. I certify to olive on	hot I oftended the	decease /_, 195 Kli	- 17	deoth	Q., 19.52 occurred of	220	_M, Don	14, 1950 on the couses of the couses of the couses of the couses of the couse of the couse of the couse of the couse of the course of the couse of the couse of the course	and on the d	lote sto	
PHYSICIAN'S NAME (Type)			NES XI	.0	, 26	23	E. 7/	Course	14	5	8/157
REMOVAL (Specify	1 8/16/5	8	Bohemiar	1 Na	crematory tional	Cem	Ba		, Md.		gle)
Schimun	ek runera	l Hon	me inc.				UG 1 8		STRAR'S SIGNAT		

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital or attending physician.

O FUNERAL DIRECTOR: Affects are certificate has been signed by the attending physician and copage 3 should be detached for use as the burial-transit permit. Then please remove carbon plate registrar prior to burial, cremation, or remaval, and in any event within 72 parts after death. may be retained by the haspro TO FUNERAL DIRECTOR: Af-page 3 should be detached 700 VS A15 (4) 15M 9/55

etely filled in by the funeral director.

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T Parents to			Marie Control
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HTARGED AT BOTH BUT STREET OF THE OFFICE OF THE ATH 13 July 7: 1303 Villiam Blackin Ell Minine Property. THE RESERVE OF THE PARTY OF THE Shippel 8/49/58

h. If any delay is necessary, please Ad 3 to the funeral director. Page Page be retained for your files, with the Stote Board of Health yours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. execute the certificate, writing the ward "pending" in pendil in Item, 18. Give Pages 1, 2, and 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Page 10 FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit, file pages 1 and ar its designated agent, prior to burial, cremation, ar remaval, and in any event within 72 hay

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

08814.

8822 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.

1.		PLACE OF DEATH o. COUNTY LIMOTE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Md b. COUNTY Balto e								
		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town) Catonsville	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 52 Catonsville								
0		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 5525 Channing Road (28)	d. STREET ADDRESS 1 5525 Channing Rd. e. IS RESIDENCE ON A FARMAN YES NOTE:								
		NAME OF DECEASED (Type or print) Plorende morry J.	1 DATE Menth Aug. 30, 1958 Year 19								
-	5. 5	FEmale White WIDOWED DIVORCED	July 12, 1881 lost tympday) yrs. Months Days Hours Min.								
1	190	D. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY Wash D. 0 U.S. A								
	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
		William N. Hoistkemp	Marion C Dulev								
	15. Yes	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 19. no. or unknown) (If yes, give wor or dates of service)	NFORMANT Address								
			Mary A. Groves 904 Masefield Ave								
		18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: Acute Cardiac fait A 2 2 MMEDIATE CAUSE (o)	ilure • INTERVAL BETWEEN ONSET AND DEATH								
		Conditions, if ony, which gove rise to immediate couse (b) Cardio vascular d:	isease.								
		(o), stoting the underlying DUE TO couse lest.									
0	CERTIFICATION	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMEDY YES NO THE								
	MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAC While Not while facto of work 19 of work 19	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) ry, street, office bldg., etc.)								
		21. I certify that I took charge of the remains described above	ve, held on Autopsy . Inspection . Inquiry . ond in my								
		opinion deoth resulted from: Noturol couses Accident . Suicide . Homicide . Underermined monner									
		ACTUAL SIGNATURE SIGNATURE	_M.D. CHIEF MEDICAL EXAMINER []								
2		EXAMINER'S Geo. S. M. Kieffer M.D	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER T Aug. 30. 1958								
	220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR OF C	CREMATORY 22d. LOCATION (City, town, or county) (State)								
	23.	JUNERAL DIRECTOR'S SIGNATURE The Lowan & for Hollins	AT SEP 3 '58 CATHUR S. Kraus								

THE PARTY OF THE P CART AND ENGINEERING THE ENGINEERING WARRENING and the Late of th

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 8823 Reg. Dist. No. . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY filed MARYLAND b. COUNTY MARYLAND Baltimore County after death. uneral b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) pe RURAL and give nearest town)
It. Wilson, Maryland 0 BALTIMORE d. NAME OF HOSPITAL (If not in haspital, give street address) IS RESIDENCE or institution
Mt. Wilson State Hospital ON A FARM? GE. HAMBURG YES NO 3. NAME OF 4. DATE Middle Day Year DECEASED OF DEATH (Type or print) AUGUST 1958 5. SEX B. DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthdoy) IF UNDER I YEAR IF UNDER 24 HRS Months WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? bod during most of working life, even if retired) pus 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME CATHERINE WAUSCH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO -3307 Hospital Records, Mt. Wilson State Hospital 18. CAUSE OF DEATH [Enter only one cause per line far (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise la immediate DUE TO couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES PINO [200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) 0. m Not while ot wark at wark 21. I certify that I attended the deceased from 19.5%, that I last saw the deceased and that death occurred at 9:15 p.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL shauld be Mt. Wilson, Maryland PHYSICIAN'S William Newcomer, M.D. FUNERAL Superintendent 220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) agod (State) REMOVAL (Specify) Loudon Park Baltimore. Md. Burial 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24c. REC'D BY REGISTRAR VS A15 (4) arthur S. Kraus DATE SEP 2 715 Light St. 15M 10/57

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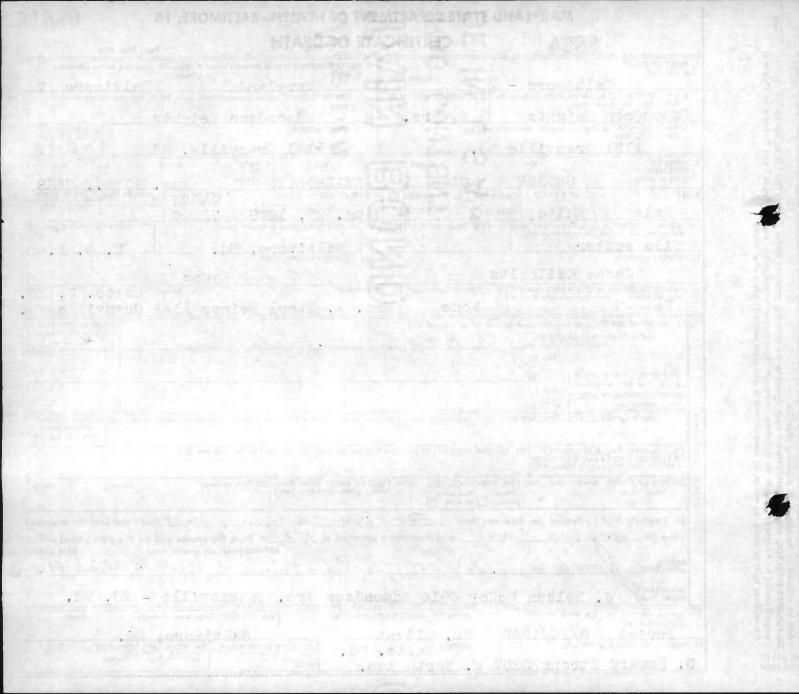
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VS A15 (4) 15M 10/57

MARYLAND	STATE D	PEPARTMENT	OF HEALTH-	BALTIMORE,	18	8
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CERTIFICATE OF BEATH

	8824		CERTIFI	CAT	E OF DEATH	1		Reg. Dist.	No.	
), PLACE OF DEATH o. COUNTY	Baltimore		, MARYLAI		USUAL RESIDENCE (WHO . STATE		b. COUNTY			
	If outside corporole limi		c. LENGTH OF STAY IN	lb.	c. CITY OR TOWN (IF				imor	
RURAL ond give no	earest town)		41		c. ciri ok iomie (ii o	orside corp	porole lillins, write k	OKAL ONG GIVE	neurest to	****
	n Heights		45 yrs.	_ X		ndso	n Heigh	S		
or institution	FAL (If not in hospitol, g			/	d. STREET ADDRESS	Gran	ville.	Rd	ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	GEORG	5.1 -	Middle CASSELL		Lost KEILHOLTZ	4. DATE OF DEAT	Mor	ith	Day	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. D	ATE OF BIRTH		9. AGE (In years	IF UNDER TY		DER 24 HR
Male	White	WIDOWI	DIVORCED	A		878	lost birthdoy) 179 yrs.	Months Do		
during most of work	king life, even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	Baltimo		Md -	12. CITIZE	N OF WHA	T COUNT
3. FATHER'S NAME	0.001			14	. MOTHER'S MAIDEN N	NAME	Ma			-
Ta	sse Keilh	01+2			9		Teresse			
S. WAS DECEASED EVE				7 1110			Lyons			
	(If yes, give wor or dates of s		None	Mrs	. A. Ethe	l He	iner 113	Dal	to. 'nvil	7, M
18 CAUSE OF DEA	ATH [Enter only one co	use per lis	ne for (a) (b) and (c)]						INTERVAL E	
	ATH WAS CAUSED BY:	ose per in	10 (0), (0), ond (c).	0	,	,	1		ONSET AN	D DEATH
Conditions, if o gove rise to i couse (o), stoting lying couse lost.	mmediate (
, (9										
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)										
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	20d. It While of work	Not while	foctory,	OF INJURY (Home, form street, office bldg., etc.	, 20f. (Ci	ity or town)	(Cour	nty)	(Stole
21. I certify that I attended the deceased from Feb. 1956 19 to Que II , 1958, that I last saw the deceased alive on Green 1958, and that death occurred at 7:30 MM, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED										
SIGNATURE (Clubson) 4/19/ay M.D. GO14 School of Bullo 28 May 8.12										
PHYSICIAN'S NAME (Type)	J. Nelson	McF	(ay 6014 E	imon	dson Ave.	Cat	onsvill	0 - 28	, Md	•
20. BURIAL, CREMATIO REMOVAL (Specify)	, ,		22c. NAME OF CEMETER		EMATORY		ATION (City, town,	= ,	(Sto	ote)
Burial		958	Mt. Oliv				altimore			
3. FUNERAL DIRECTOR	i Strong	320p	W. North		Md . 240. REC'I	1 5 '58	STRAR 24b. REGI	STRAR'S SIGNA	TURE	A.



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OR A	DIREC	prior
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4	The second of th	4)

MARYIAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE, 18	
MARILAND	STATE DEPARTMENT	OF HEALTH-BALTIMOKE, 16	

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	8825		CEKTIFIC	AIE OF D	EAIF	1		Reg. Dis	t. No.		
1. PLACE OF DEATH o. COUNTY Baltimore			MARYLAND	2. USUAL RESIDE		ere deceased	l lived. If institution b. COUNTY	n Residen			ision)
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c. CITY OR T	OWN (If o	utside corpor	rote limits, write R	JRAL and g	ive nec	rest tow	rn)
Baltimore			6 years	X Balti	more						
d. NAME OF HOSPITA OR INSTITUTION 4217 Ful	AL (If not in haspital, g Lerton Ave.		address)	d. STREET AT 4217		erton	Ave.	74		ON	SIDENCE A FARM? NO DO
3. NAME OF DECEASED (Type ar print)	fir fottie	st T	Middle Kent.	Lost		4. DATE OF DEATH	Mon August		Do	6	Yeor 19 58
S. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	B. DATE OF BIRTH			9. AGE (In years lost birthdoy)	IF UNDER	-	-	DER 24 HRS.
Female	White	WIDOW		October	1	871	86 yrs.	Months	Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR IND				unify)	12. CIT	ZEN O	F WHA	T COUNTR'
Companior	ing life, even if retired	1	At home	Balt	0	Md.		T	J.S.	A	
13. FATHER'S NAME			AC HOME	14. MOTHER'S						A.	
	Vont							900			
IS. WAS DECEASED EVER			SOCIAL SECURITY NO. 17.	INFORMANT	nknow	11	Addr	ess			
	If yes, give wor or dates of s	ervice)	None	3/m 1874 7	140-	T C.	T become	TP 0-	7		
NO LIB CAUSE OF DEAL	THE Contractor and the second	li	None	Mr. Wil	TTam	J. Ser	vara I	E. Ov			
	H WAS CAUSED BY:	use per in	L	1 . 0	0.2				ONS	ET AND	D DEATH
11500	IMMEDIATE CAUSE (o		Trear	facer	as						
420.0	DUE TO		0.1.	fail	2						
Conditions, if on gove rise to im)	arter	cosci	er	the)				
couse (o), stoting t											
lying couse lost.) (c)									
PART II. OTH 200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY I	ER SIGNIFICANT CON	DITIONS C	CONTRIBUTING TO DEATH BU	T NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	1(0) 1	PERF	AUTOPSY ORMED?
	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of	injury in P	ort I or Part	11 of item 1B.)				
Y 20c. TIME OF INJURY Hour o. m. p. m.	Month, Day, Yes	20d. II While of wor	Not while for	LACE OF INJURY (Hoctory, street, office	lome, form, bldg., efc.	20f. (City	or town)	(C	ounty)		(Stote)
21. I certify the	at I attended the	decens	ed from % -/	3 19.58	10 8	-16	1958	that I I		nue Albe	dagaaa
alive on 8	-/3 -	10	7-0	h occurred at	In A						
On the one	0	(Z.)	2.2, and mar dear	h occurred at			reet, city or town,		ie dai		ed abov
ACTUAL SIGNATURE	Y John	9	elduch	M.D	801	9 8	Rilade	0 0	ia	Ra	# 6
PHYSICIAN'S ANAME (Type)	R. John	n. C	FELDRIC	H				,			
220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREC	F	22c. NAME OF CEMETERY	OR CREMATORY		22d. LOCAT	ION (City, town, o	r county)		(Sta	te)
Burial	8-19-19	58	Balto. Cem			Ralt	.O W	d.			
3. FUNERAL DIRECTOR'S		111	ADDRESS	1 101	240. REC'D	BY REGISTI		TRAR'S SIG	NATUR	₹E	
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CEDTIEICATE OF DEATH

	0060	CERTIFICA	TIE OF DEATI			Reg. Dist. No	o.
1. PLACE OF DEATH o. COUNTY	BALTIMORE	MARYLAND	2. USUAL RESIDENCE (WE O. STATE MAF	here deceased live	d. If institutions b. COUNTY	Residence befo	are admission)
B. CITY OR TOWN IN RURAL and give of TOWSON	(If outside corporate limits, wr peorest town)	c. LENGTH OF STAY IN 16 4 YRS.	c. CITY OR TOWN (IF C	autside carporate	imits, write RUR	At and give ne	earest town)
d. NAME OF HOSPI OR INSTITUTION ARMACOST	TAL (If not in haspital, give st NURSING HO		d. STREET ADDRESS 829 SOUTH	ELLWOOI	AVENT	JE	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	AURA MAY KIN	Middle IDERVATTER	Last	4. DATE OF DEATH	AUG.	24,	1958, Year
5. SEX		MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH	- a - a lo		UNDER I YEAR	Hours Min.
100. USUAL OCCUPATION OF WORLD HOUSEWI	rking life, even if refired)	10b. KIND OF BUSINESS OR INDU AT HOME	STRY 11. BIRTHPLACE (State BALTIM		RYLAND.	12. CITIZEN US	A
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME			
JARI			ANNA		LINGAME		
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wer or dotes of service) 212- C		NFORMANT 1239 RS GEORGE A	A	VOODAd##	EUNIE	
Canditions, if a gave rise to cause (a), stating lying cause last.	the <u>under-</u> DUE TO (c)	INS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NOITION GIVEN	J IN PART I(a)	10 WAS AUTOPS
Z Z Z						TIN PART I(U)	PERFORMED?
	AS UNDERLYING [] 20b. G [] CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature af injury in	Port I or Part II o	f item 1B.)		
20c. TIME OF INJU Hour a. m. p. m.	, W	Od. INJURY OCCURRED 20e. PL. thile Not while for work at work	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc	n, 20f. (City or h	awn)	(Caunty) (State
	Canne	eased from Sept. 19 58, and that death White Sept.	, 19 50 to occurred at 5 30	M, fram th	e causes and city or town, sto	d an the do	
	Clarence W.	LeDoux		timoro,		d.	
EMACMEME	DN, 226. DATE THEREOF 27/58		ARK MAUSOLE		(City, town, or a	WN MAF	YLAND.
23. FUNERAL DIRECTOR HENRY SA	R'S SIGNATURE ANDER & SONS	B INC. BALTO.	MD	D BY REGISTRAR		RAR'S SIGNATURAL S. & Trav	- · · -

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 O FUNERAL DIRECTOR: At the fis certificate has been signed by the attending physician and compage 3 shauld be detached on use as the burial-transit permit. Then please remove carbon per the registrar prior to burial, cremation, ar remaval, and in any event within 72 houry after death. tal ar attending physician. may be retained by the hasp.

TO FUNERAL DIRECTOR: Af
page 3 shauld be detached.

stely filled in by the funeral director. Pages 1 and 2 shauld be filed-with

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VS A15 (4) 15M 9/55

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VS A15 (4) 1SM 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8827

CERTIFICATE OF DEATH

08819

	Reg. Dist. No.
PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE
Baltimore MARY	Maryland b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
Rural Garrison Lifetim	ne XGarrison, Md.
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE
	Reisterstown Road ON A FARM?
NAME OF First Middle DECEASED	OF Month
(Type or print) William Albert	Knott DEATH August 18, 19 58
6. COLOR OR RACE 7. MARRIED X NEVER MARRIE	last blacking to the second of
Male White WIDOWED DIVORCEE	May 5. 1885 73 yrs.
0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT
Retired Chauffeur	Emmittsburg, Md. U.S.A.
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Harry Knott	Sally Schorb
S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	
Yes, no, or unknown) [If yes, give war or dates of service)	darrison, haryland
No None 214630-343 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	R3 Mrs. Sadie E. Knott, Reisterstown Rd.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Caucer	Left Kidney & Bladder IR MON
199.2 DUE TO	101101
Conditions, if ony, which)	
gave rise to immediate DUE TO	
lying couse last.	
	ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA 20g. ACCIDENT WAS UNDERLYING 20g. DESCRIBE HOW INJURY OF CONTRIBUTING CAUSE OF DEATH 20g. CONTRIBUTING CONTRIBUTING TO DEATH 20g. ACCIDENT WAS UNDERLYING 20g. CONTRIBUTING TO DEATH 20g. CONTRIBUTING CAUSE OF DE	CCURRED. (Enter nature of injury in Port I or Port II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CCORRED. (cities notice of injury in rota) of rotal to them (8.)
Hour o. m. While Not while	20e. PLACE OF INJURY IHome, form, 20f. (City or town) (County) (State foctory, street, office bldg., etc.)
p. m. 19 of work of ot work	
21. I certify that I attended the deceased from Jan.	1957, to 149. 18, 1858, that I last saw the decease
	death accurred at 1. M. from the causes and an the date stated abo
15.16	A STATE OF THE STA
ACTUAL ROLL OF THE VILLE TO	ADDRESS (Street, city or town, stole) DATE SIGN
SIGNATURE COMMENT SIGNATURE	1. M.O. 1251 Reisterstown Ralikarile My 81
PHYSICIAN'S	Detail and an D2 D22 177 0 262
NAME (Type) James A. Miller, M.D.	Reisterstown Rd., Pikesville 8, Md.
20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEME	ETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
Burial Aug. 20, 1958 Druid R	Ridge Cemetery Pikesville 8. Md.
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
drunk 2) 1/2.000/1/	Par Marena at 150 Outling & Krough

ARYLAND STATE DEPARTMENT OF READING BALLYMAN IS The state of the s

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death: Page 4 ely filled in by the funeral directa Pages 1 and 2 shauld be filed wi TO FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and copage 3 shauld be detached for use as the burial-transit permit. Then please Tembre carbon positive registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

08820

-	8828	CERTIFICATE OF	DEATH	Reg. Dist.	No.
	1. PLACE OF DEATH BALTIMORE	MARYLAND 2. USUAL R	RESIDENCE (Where deceased live	ed. If institution; Residence I b. COUNTY	befare admission)
	b. CITY ON YOWN (If outside corporate limits, write RURA) and give negrest tawn)	ENGTH OF STAY IN 16 c. CITY O	OR TOWN If outside corporate ARKV.	limits, write RURAL and give	nearest tawn)
	d. NAME OF HOSPITAL (If not in haspital, give street oddr. OR INSTITUTION) 108 Rueen Al	une Dr 1 d. STREE	708 Que	en Anne L	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) FRANK	F KRA	Mer GEATH	Aug	Day Year 2 2 19 58
	M WIDOWED	- 1772-7	11 1910	age (In years IF UNDER 1 Y Months Da	
	10a. USUAL OCCUPATION (Give kind of wark done 10b. KINE during shost of working life, even if retired)	9 b Co.	BALTO -	Md 12. CITIZE	SA COUNTRY?
	13. FATHER'S NAME	KRAMER P	etr's maiden name etro hell a	+ PANON	1107
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC (1'es, no. or unknown) (It yes, o've wor or dates of service)	3-01-6041 Edi	In Bowerk	RAM eR	SAME
	18. CAUSE OF DEATH [Enter only one cause per line fo PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	Oronamy	thrombos		INTERVAL BETWEEN ONSEY AND DEATH
	Canditions, if any, which) (b)				
	gove rise to immediate code (a), stating the under- lying couse last. (c)				
)	PART II. OTHER SIGNIFICANT CONDITIONS CONT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF LIFTER, NOTIFY MEDICAL EXAMINER)	RIBUTING TO DEATH BUT NOT RELATED	TO THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(PERFORMED?
		HOW INJURY OCCURRED. (Enter notus	e af injury in Port I or Port II o	f item 18.)	
	Y 20c. TIME OF INJURY Month, Day, Year 20d. INJURY Hour o. m. 19 While of work	Y OCCURRED Not while of work 20e. PLACE OF INJUI foctory, street, o	RY (Hame, form, 20f. (City or to ffice bldg., etc.)	own) (Cou	nty) (State)
	21. I certify that I attended the deceased to alive an Au 22 1956	ram Morch , 19	A MY	2, 1958 that I las	
	ACTUAL SIGNATURE LANGE A (3 wms 408/01		city or town, state)	DATE SIGNED
1	PHYSICIAN'S Harold H	BUFNS.		1	
	220 BURIAL CREMATION. 22b. DATE THEREOF 22b. PEMOVAL (Specify) Aug 25-1958	DALLMORE	ATIONAL 122d. LOCATION	City, town, accounty)	(State) M
	23. FUNERAL DIRECTOR'S SIGNATURE Chas F. Lurys & Son 8	ADDRESS HARFORD 1	240. REC'D BY REGISTRAR DATE AUG 2 5 '51	8 24b. REGISTRAR'S SIGNA B. arthur S.	

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No. of Parties of the	the man of the same of the sam

SS20 CERTIFICATE OF DEATH

Reg. Dist. No.

08821

	0043								Keg. Di	SI. 140.	
1. PLACE OF DEATH o. COUNTY	Baltimore	>	MARY	LAND	O. SIAIE	DENCE (Wh		lived. If institut b. COUNTY	ion: Resider	ce before a	dmission)
b. CITY OR TOWN (RURAL and give n	(If outside carporate limit nearest tawn)	s, write	c. LENGTH OF STAY	IN 1b		own (If o		ote limits, write	RURAL and	give nearest	town)
OR INSTITUTION	ITAL (If not in hospital, g		oddress)		d. STREET A		moole	Road.		1 0	RESIDENCE ON A FARM? S NO
3. NAME OF	Fire		Middle		los		4. DATE	Ma	- al.		Year
(Type or print)	Frank	2	s.		Lac		OF DEATH		nm lg.	Doy 15	19 58
5. sex Male	6. COLOR OR RACE	7. MARK	RIED NEVER MARRIE		Odt.5.	0)	9. AGE (In years lost birthdoy) 78 yrs	Months		INDER 24 HRS.
10o. USUAL OCCUPATI	ON (Give kind of work drking life, even if retired)	one 10b.	KIND OF BUSINESS O	R INDU	STRY 11. BIRTHPL	ACE (Stote	or loreign co	untry)	12. CI	TIZEN OF W	HAT COUNTRY
Machin			Crown Co	rk	& Seal	Bal	timore	Md.		U.S.A	1.
13. FATHER'S NAME					14. MOTHER'S						
Thomas !	Lacy				Mar	y Wal	lker				
	ER IN U. S. ARMED FOR		SOCIAL SECURITY NO	. 17. 1	NFORMANT		4	Add	dress		
No			12-09-8154		Nelia G	Jorman	1, 330	Overb	cook I	Road.	
Canditions, if a gove rise to i cause (a), stating lying cause lost.	the under DUE TO	as Contions of	luque	les (Spoul Brown	dio	raseu clas	les &s	LO ZE	T 1(a) 19 W	AS AUTOPSY
ICATI										PE	RFORMED?
	AS UNDERLYING G CAUSE OF DEATH Y MEDICAL EXAMINER)	200. 053	CRIBE HOW INJURY OF	LCURKE	D. (Enfer noture o	r injury in P	ort I or Port	II of item IB.)			
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Doy, Yea	While	NJURY OCCURRED Not while of work	20e, PL	ACE OF INJURY II	Home, form, bldg., etc.	20f. (City	or town)	((County)	(Stote)
21. I certify state on	Famuel	decease , 195 B. M.			2 , 19 <i>5</i> 7 occurred at M.D. 24			the causes of city or town.	and on t	last saw the date s	the deceased tated above DATE SIGNED 8-17-58
	Aug. 19		22c. NAME OF CEME Baltimo		R CREMATORY			ON (City, town, imore,			Stote)
23. FUNERAL DIRECTOR	'S SIGNATURE		ADDRESS t Paul St.				BY REGISTR	AR 24b. REG	ISTRAR'S SK	SNATURE.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: A his certificate has been signed by the attending physician and consistely filled in by the funeral director, page 3 shauld be detached receives at the burial-transit permit. Then please remove carbon points. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death. VS A15 (4) 1SM 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

#8822

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Rea. Dist. No.

PLACE OF DEATH COUNTY Baltimore,		MARYLAND	2. USUAL RESIDENCE (Where deco		ion: Residence be	fore admission)
b. CITY OR TOWN (If outside co and give nearest town) ESSEX	rporate limits, write RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside of	orporate limits, write	RURAL ond give r	nearest town)
d. NAME OF HOSPITAL OR I		hospital, give street address)	d. STREET ADDRESS	re Balto	21. Md.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First William	Middle	Lost 4. DATE OF OF OF DEATH	Month	Day	
5. SEX 6. CO	LOR OR RACE 7. M	ARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE In years fast birthday)		IF UNDER 24 HRS.
Male Wh		OWED DIVORCED	Nov. 8, 1885	72 yrs.		
10a. USUAL OCCUPATION (Give during most of working life, e Brewery Worke	kind of work done liven if retired) r(Retired)	06. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State or foreign	country)	12. CITIZEN O	A .
3. FATHER'S NAME			14. MOTHER'S MAIDEN NAME			
/ Christian	?		Laib			
15. WAS DECEASED EVER IN U. (Yes, no. or unknown) (If yes, gi	S. ARMED FORCES? we war or dates of service)		Mrs. Katherine La	Address Th 297 Mon	trose Av	re. Relto
Conditions, if ony, whi gove rise to immediate cot (a), stating the underlying cause lost.	DUE TO Colong DUE TO DUE TO (c) (c)	(OTMAN TS-C-V-) S CONTRIBUTING TO DEATH BUT			1	Oyks.
PART II, OTHER SIGN 20a, EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTION CAUSE OF DEATH.			NOT RELATED TO THE TERMINAL DISE			PERFORMED? YES NO
	NG LI	IM	inter noture of injury in Post for Port			
Y 20c. TIME OF INJURY N Hour o. m. p. m.	1	Od. INJURY OCCURRED 200 PUT While Not while fac It work of work	CE OF INJURY (Home, form, tory, street, office bldg., etc.)	ity or town)	(County)	(Stote)
		-/ -	icide, Hamicide,	Inspection A Undetermined c	Links	and find tha
ACTUAL SIGNATURE	1300	w	M.D. CHIEF MEDICAL EXAMINER		01	DATE SIGNED
EXAMINER'S NAME (Type)	1.B.D1	evis Mi)	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	7	8-//8	18.
REMOVAL (Specify)	DATE THEREOF	22c. NAME OF CEMETERY OF CAMETERY OF CAMET		ATION (City, town, coun		(Stote)
23. FUNERAL DIRECTOR'S SIGNA		ADDRESS	24a. REC'D BY REG	STRAR 24b. REGIS	TRAR'S SIGNATU	
Sohow I Vens	weller 1,78	Fastern Blvd. B	alto. 21 DATÉRNIC 2 0	58 av	Chin S. Has	A.

cute the certificate, writing the certificate, writing the certificate, writing the certificate of the Chief is convaried to the Chief is convaried to the Chief is convaried to the converse of the certification of the c

MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please exertificate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be to the Chief It all Examiner's Office along with farm PM3. Page 5 may be referred for your files.

L DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2.4. In the registrar prior to burial-creagation,

07

SUPER STREET, S. A. VOR. II. STREET,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 831

CERTIFICATE OF DEATH

08823

	8
PLACE OF DEATH o. COUNTY	E

Reg. Dist. No.

b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Baltimore
Middle River	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 54 Middle River
d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION 107 Dihe dral Drive	/d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\) NO \(\)
NAME OF DECEASED (Type or print) ASHBY THEODOR	E LANDES 4. DATE Month Day Year OF DEATH Clary 17 1958
SEX Male 6. COLOR OR RACE 7. MARRIED MEVER MARRIED WIDOWED DIVORCED DIVORCED	June 20, 1907 lost rinday) Months Days Hours Min.
o. USUAL OCCUPATION (Give kind of work done of the strength of	
FATHER'S NAME Hensel Landes	14. MOTHER'S MAIDEN NAME Unknown
at no or unknown) . If we also as a deter of second	s. Mary Thompson Landes 107 Dihedral Drive
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the under-lying couse lost. DUE TO (c)	ARDIOVASCULAR DISEASE 84RS
mission and the state of the st	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO \(\sum \)
200. ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Port II of item 18.)
20c. TIME OF INJURY Month, Doy, Year Hour a. m. p. m. 19 20d. INJURY OCCURRED While Not while of work of ot work	PLACE OF INJURY (Home, farm, foctory, street, office bldg., etc.) (City or town) (County) (Slote)
21. I certify that I attended the deceased from Quy 2 alive an Quy 17, 19 5, and that deal ACTUAL SIGNATURE OLUS Sement of the signature of th	th accurred at A. M., fram the causes and on the date stated abave. ADDRESS (Street, city or town, state) M.D. 2108 OREMS
PHYSICIAN'S LOUIS SEMENOFF	OR CREMATORY 20 MO CONTROL OF COUNTY OF COUNTY
NAME (Type) LOUIS SEMENOFI-	(5,0,0)

within 24 haurs ofter death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed page 3 should be detached for use as the registrar priar to burial, crematian, may be retained by the hospit TO FUNERAL DIRECTOR: After VS A15 (4) 15M 10/57

attending physician. serificate has been signed by the attending physician and cam as the burial-transit permit. Then please remave carbon paperian, ar remaval, and in any event within 72 hour after death.

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CERTIFICATE OF DEATH

. PLACE OF DEATH				Reg. Dist. No.
0. 2001411	Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased live of STATE Maryland	ed. If institution: Residence before admission b. COUNTY Baltimore
b. CITY OR TOWN	(If outside corporate limits, w nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate 53 Dundalk	limits, write RURAL and give nearest town)
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in haspital, give s	treet oddress) oundary Road	d. STREET ADDRESS 7912 North Bou	ndary Road e. IS RESIDI
NAME OF DECEASED (Type or print)	Charles	Middle	owe Sr. 4. DATE	August 12 Yes
Male	Lift. A A a.	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH 9.	AGE (In years 1F UNDER 1 YEAR 1F UNDER 951 pirthday) Months Days Hours
Do. USUAL OCCUPAT during most of w	TION (Give kind of work done orking life, even if retired) Employed	10b. KIND OF BUSINESS OR INDUS	11. BIRTHPLACE (Stole or fareign count Maryland	T. CITIZEN OF WHAT CO
3. FATHER'S NAME Harr	y Lowe		14. MOTHER'S MAIDEN NAME Ellen Walstr	um
S. WAS DECEASED ET	VER IN U. S. ARMED FORCES?		NFORMANT	7912 N. Boundary
couse (o), stoting lying couse los	t. (c)	DNS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(a) 19. WAS AU PERFORM
OR CONTRIBUTION	WAS UNDERLYING 1206. NG 12 CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED	D. (Enter nature of injury in Port I or Port II o	
20c. TIME OF INJU	ı. V		ACE OF INJURY (Home, farm, 20f. (City or tory, street, office bldg., etc.)	lown) (County)
21. I certify alive anS	that I attended the dec			the causes and an the date stated city or town, stary
PHYSICIAN'S NAME (Type)	() VI al	V. 27 -1111 10.1		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 O FUNERAL DIRECTOR: After is certificate has been signed by the attending physician and car page 3 shauld be detached it. Use as the burial-transit permit. Then please remove carban parthe registrar priar to burial, cremation, or removal, and in any event within 72 hours after death d or attending physician. may be retained by the has TO FUNERAL DIRECTOR: After page 3 should be detached in

etely filled in by the funeral director, s. Pages 1 and 2 shauld be filed with

COLLEG 1912 W. Comdery Send - 7912 Cort's Boundary Road Charles Albert Lowe Sr. 32 William of the Table of the transport of the transport Agree to the trace in translation or an armine to use a second Chall West Torrest the firm order to the transfer of the firm the firm the firm of the fi t careful fine and and hermatical field against I the contract of the contract o The state of the s . SET . BO TESHERIA AND THE COURSE OF THE SECOND OF THE SE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: A his certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove catbon pages 1 and 2 should be filed with **D FUNERAL DIRECTOR**: At this certificate has been signed by the attending physicion and capage 3 should be detached for use as the burial-transit permit. Then please remove carbon per the registrar prior to burial, cremation, or removal, and in any event within 72 haur after dear

VS A1S (4) 15M 9/SS

	8834		CERTIFIC	CA	TE OF DEA	TH			Reg. D	ist. No.	(, 0	821
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAN	11	2. USUAL RESIDENCE (o. STATE Ma.r			ed lived. If instituti b. COUNTY		ence befo		sion)
RURAL and give	(If outside corporate liminearest town) OWBON	ts, write	c. LENGTH OF STAY IN 1	16	c. CITY OR TOWN ((If out		orote limits, write R Powson	URAL ond	give nec	orest tow	n)
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, s Glenarn				d. STREET ADDRESS Glenar		Road				ON /	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fii Sister Man		Middle bertina Lutz		Lost	ľ	4. DATE OF DEATH	Mon August	th	Do	'	Yeor 1958
5. SEX Female	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED		March 27, 1	186	J ₁	9. AGE (In years lost pirthdoy)	IF UNDE Months			ER 24 HRS. Min.
10a. USUAL OCCUPAT	TION (Give kind of work orking life, even if retired	done 10b.	KIND OF BUSINESS OR IN			ote or	r foreign c	country)	12. CI	U.S		COUNTRY
13. FATHER'S NAME	1101				14. MOTHER'S MAIDE			16	1	0.0	. //.	
	John Lutz											
IS. WAS DECEASEDE	VER IN U. S. ARMED FOR	CES2 116	SOCIAL SECURITY NO. 11	17 INF	Anna Ma	rı	e Due	Add	ratt			
(Yes, no, or unknown)	Ill yes, give war or dates of s		Social Second		ster M. Fet	ar	Folls		Notch	di di	er.	Ma
TIR CAUSE OF D	EATH [Enter only one co		on for (a) (b) and (a) 1		3001 110	,01	1001	101	100001			
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11 1	IMMEDIATE CAUSE (a		Coronary Th	nroi	noosis						6 m	os.
420,1	DUE TO											
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tying couse los		·	CONTRACTOR TO DEATH	DUTA	OT BELLTED TO THE TE							
Š		DITIONS C	ONTRIBUTING TO DEATH	BUTN	OT RELATED TO THE TE	RMIN	AL DISEAS	SE CONDITION GIV	EN IN PA	RT 1(0)	PERFO	RMED?
	VAS UNDERLYING AG CAUSE OF DEATH OF MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED.	(Enter noture of injury	in Po	rt I or Poi	rt II of item 18.)	AX			
20c. TIME OF INJU	10	or 20d. It While of worl	_ Not while_	e. PLAC focto	E OF INJURY (Home, for ry, street, office bldg.,	farm, etc.}	20f. (Cit	y or town)		(County)		(Stote)
21. I certify	that Lattended the	decens	ed fram July 30	0	. 19.57 . ta	Au	gust	4 , 1958	that I	laste	w the	decease
	uly 27	105			accurred at 3			,				
dive di-	0	5	, did mar de	dill c	iccorred di			itreet, city or town,		ine aa		ATE SIGNE
ACTUAL	Mulles	169	Loundl	/M.	b. 7501 Yor			Towson		l.	8/4,	/58
PHYSICIAN'S NAME (Type)	Charles F.	O'Do	nnell M.D.									
220. BURIAL, CREMAT	ION, 22b. DATE THEREC	F	22c. NAME OF CEMETER	RYOR	CREMATORY	2	2d. LOCA	TION (City, town,	or county)	. 4	(510	le)
BURIA 23. FUNERAL DIRECTO	18-6-	5 Y.	VILLA MA	gr.	IA CEM	.	VOTO	TRAN CLIF	FA	R	OWS	ON, M
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PLACE OF DEATH G. COUNTY				Reg. Dist.	No.	
Baltimore	MARYLAND	2. USUAL RESIDENCE (W. o. STATE	here deceased lived. If institution b. COUN		before admissi	ion)
b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write	RURAL ond giv	e nearest town)
Catonsville	Limo 26days	Baltim	ore 3	VO1-	4	
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	oddress)	d. STREET ADDRESS			e. IS RES	DENCE FARM?
Spring Grove State Ho	spital	1105 So.	Fayette Stree	t		NO 🛐
NAME OF First DECEASED (Type or print) Emma	Middle M	Martin	OF	lonth		(eor
SEX 6. COLOR OR RACE 7. MARR	2.2	8. DATE OF SIRTH	DEATH Augu	IF UNDER 1		
Female White WIDOW		Mayxlxx1975	9. AGE (In year lost birthdo) 83 87	Months D	ays Hours	Min.
Oa. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) not known	KIND OF BUSINESS OR INDU	istry 11. BIRTHPLACE (Stote		12. CITIZ	EN OF WHAT	COUNTR
. FATHER'S NAME		14. MOTHER'S MAIDEN I		100	U./Y	
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NOT KNOWN . WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	known	ddreis		
(es, no or unknown) (If yes, give war or dates of service) [2]	13 16 0803 morrecord		oring Grove S		spital	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		onchorneumoni:			INTERVAL BE ONSET AND 8 LOW	DEATH
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lying cause lost.						
	CONTRIBUTING TO DEATH BU'	T NOT PELATED TO THE TERM	INAL DISEASE CONDITION	GIVEN IN PART 1	(a) 19. WAS /	LUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS		THO TREDIED TO THE TERM			PERFO	RMED?
PART II. OTHER SIGNIFICANT CONDITIONS C	arm					RMED?
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20c. TIME OF INJURY Month, Doy, Year 20d. It Hour o.m. 19 While of wor 21. I certify that I attended the decease alive on August 23, 19. ACTUAL SIGNATURE Bruno Radauskas	CRIBE HOW INJURY OCCURRED Not while of work 20e. Pl fo sed from. Aug. 23 58,, and that death	ED. (Enter nature of injury in LACE OF INJURY (Home, for poctory, street, affice bldg., etc., 19_58, to	Part I or Port II of item 18.) 20f. (City or town) 10g. 23, 19 A.M., from the cause: ADDRESS (Street, city or town)	58, that I los and an the on, state)	ves unity) st saw the date state or	(Stote
Colluitis of right a 20g. ACCIDENT WAS UNDERLYING 20b. DES- OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 21. I certify that I attended the deceas alive on August 23, 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Bruno Radauskas Bruno Radauskas Bruno Radauskas Bruno Radauskas	CRIBE HOW INJURY OCCURRED NJURY OCCURRED Not white of work sed from. Aug. 23 58, and that death Aug. M.D.	LACE OF INJURY (Home, fornactory, street, affice bldg., etc., 19_58, to	Port I or Port II of item 18.) 1. 20f. (City or town) 1. 19 A.M. from the cause: ADDRESS (Street, city or town) Catonsville	58, that I los and on the on, state) ata Hosp	ves unity) st saw the date state or date state oital	(Stote deceased aba
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 havrs after death. Page 4 may be retained by the hospital ar attending physician.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the hospital are attended by the other signed by the attending physician and completely filled in by the funeral director, and a should be detached for use as the burial-transit permit. Then please remave carbon page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages 1 and 2 should be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after deafty.

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CERTIFICATE OF DEATH

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Reg. Dist. No.

Н	1. F	LACE OF DEATH				2		DENCE (Whe	ere deceased		tution: Residen	ce belare ad	missian)
	,		Bala	timore	MARY	LAND	a. STATE	Mary	Land	b. COUN	Bal	timo	re
	ŧ	CITY OR TOWN (I		rate limits, write	c. LENGTH OF STAY	IN 1b	c. CITY OR 1	OWN (IP or	Itside corpor	rote limits, writ	e RURAL ond g	ive negrest t	own)
×		NORAL DIID GIVE IN	Park	ville			(Park	ville				
	-	A. NAME OF HOSPIT	AL (If not in ho	spital, give street	oddress)		d. STREET A	DDRESS				e. IS	RESIDENCE N A FARM?
3		OK INSTITUTION	1445	Dartm	outh Aven	ue	1445	Dar	tmoux	th Ave	nue.		NO DA
		NAME OF		First	Middle		Los		4. DATE		Manth	Day	Yeor
		Type or print)	Mr.	Joseph			Mau	ler	OF DEATH	Au	qust 2	3rd	19 58
	5. S	EX	6. COLOR OF	RACE 7. MAR	NEVER MARRI	ED 🔲 8. I	ATE OF BIRTH	1		9. AGE (In yellast birthdo	Y) Months	-	NDER 24 HRS.
		male	white	e widow	ED DIVORCE		tune 1	5, 1	906		yrs. Months	Days Hat	ors Min.
	100	during most of world	ON (Give kind o	f work dane 10b.	KIND OF BUSINESS O	R INDUSTR	11. BIRTHPL	ACE (State o	or fareign ca	ountry)	12. CIT	IZEN OF WI	AT COUNTRY?
		Foreman	1	scapin	a. Co.		Bal	timo	re. A	Jarula	nd	NS	4
	13.	FATHER'S NAME					4. MOTHER'S	MAIDEN N	AME	0		0	
1		(onr	ad May	der		1	Laura	Wal	lace				
	15. (Ye)	WAS DECEASED EVE	R IN U. S. ARM	ED FORCES? 16.	SOCIAL SECURITY NO	17. INFO	RMANT	-		-	Address		
		Yes	W.W.	2 2	17:07/977	9 M	s. Mo	ru M	Mou	der.	1	ame	
		18. CAUSE OF DEA	TH [Enter and	one cause per li	ne lar (o), (b), and (c).	1	0	0	0			INTERVAL	8ETWEEN
		PART I. DEA	TH WAS CAUS	ED 8Y: AUSE (o)	Cano	u y	the	la	The	rque		S S	ND DEATH
		150X		DUE TO		1			1	1			
		Conditions, if o	ny, which)	(b)		U			0	0			
		gave rise to i cause (a), stoting		DUE TO									
		lying cause lost.	the under-	(c)									
	NO O	PART II. OTH	ER SIGNIFICAL	NT CONDITIONS	CONTRIBUTING TO DE	AJH BUT NO	T RELATED TO	THE TERMIN	NAL DISEASE	CONDITION	GIVEN IN PART	1(a) 19. W	AS AUTOPSY
0	CERTIFICATION)	netar	stases !	N A	in le	ru					RFORMED?
	III.	20a. ACCIDENT WA	S UNDERLYING	20b. DES	CRIBE HOW INJURY O	CCURRED. (Enter noture a	I injury in P	art I or Part	II al item 18.)			
	. I	OR CONTRIBUTING	MEDICAL EXAM	AINER)									
	MEDICAL	20c. TIME OF INJUR	Y Month, D		NJURY OCCURRED	20e. PLACE	OF INJURY (Home, form,	20f. (City	ar tawn)	(0	aunty)	(State)
	WEL	Hour a.m. p. m.		19 While of wor			,, 6,100,1, 6,1100	ologi, etc.,	ang				
		21. I certify th	at I attende	ed the deceas	sed from Qu	ly 5	1958	, ta	feeld	23 195	that I	ast saw t	he deceased
		alive an	July	23.19	5 8 and that	death a	curred at	6	M. fram				ated abave.
3			aug	uto.	D' Wa	1 ()			reet, city or ta			DATE SIGNED
1		ACTUAL	0	Lows	T./Masu	Mil	433	# Pa	rk He	rights	Ave.	8/2	25/58
*		PHYSICIAN'S		A			^		A	0	,		-242
		NAME (Type)	Louis	Maser			Bal	timo	re, /	laryla	nd		
	220	BURIAL, CREMATIC REMONAL (Specify)		THEREOF	22c. NAME OF CEM	ETERY OR C	REMATORY		22d. LOCAT	ION (City, tow	rn, ar county)	, (State)
		Burial	8/26	1/58	Wational	(em	eltery	2	Bal	ltimor	e, Mar	yland	1
	23.	FUNERAL DIRECTOR	100	1	2DDRESS	1R	1	240. REELE	BY REGIST	8AR 246. RI	EGISTRAR'S SIC	HATURE	
-		Leonar	dy. R	uck 530	15 Harford	a Noc	a	DATE			(Abd ,	,	

etely filled in by the funeral director, Poges 1 and 2 should be filed with led within 24 hours ofter death; Page 4 may be retained by the has the last of the discount of the other of the other of the other of the carbon and a poge 3 should be detached for use as the burial-transit permit. Then please remove carbon put the registror prior to burial, cremation, ar removal, and in any event within 72 ACUTS after deat TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be exmay be retained by the has VS A15 (4) 15M 9/5S

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or ottending physicion.

TO FUNERAL DIRECTOR: Aft. is certificate has been signed by the ottending physician and contracted filled in by the funeral director, page 3 should be detached her use as the buriol-transit permit. Then please remove carbon pages. Pages 1 and 2 should be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55

L	ttem 4 Film G233 9/29/58 ggj CERTIFICA	ATE OF DEATH Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY BALTIMORE MARYLAND	USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) O. STATE D. V. COUNTY
1	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
L	Harrisonville, Balto.Co. 1 Mo.	CARTHAGE 69x-3
1	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS e. 15 RESIDENCE ON A FARM?
L	CHAPEL HILL NURSING HOME	10 CHAMPION ST. YES NOW
3.	NAME OF DECEASED (COL.) FOCOCOLC V C Middle	CONNELL 4. DATE Month Day Yeor OF DEATH AUG. 9 1958
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	M WIDOWED DIVORCED	Aug. 3, 1880 lost birthday) Months Days Hours Min.
10	to. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUSTRING MOST OF WORKING LIFE, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
L	SECURITY OFFICER BANKING	MOBILE, ALA. U.S.
13	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	GEORGEE. M. CONNELL	FRANCIS L. BRICE
	(es, np. or unknown) (If yes, give war or dates of service)	NFORMANT Address
-	YES WWI 087-09-4726A EV	ERETT F. HORGAN 28 WALWORM AVE. SCARSDAG N
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART 1. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
L	321 X IMMEDIATE CAUSE (o) Cerecy Vac	scular accedent 24 days
	DUE TO	
L	Conditions, if any, which gove rise to immediate (b) Clero Clero	six, generalized your
	cause (a), stating the <u>under-</u> lying cause last.	
Z	(5)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
ATIO	The month of the m	PERFORMED?
IFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)
I CERTI	(IF EITHER, NOTIFY MEDICAL EXAMINER)	
DICA	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PU Hour o. ft. While Not while	ACE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
MED	p. m. 19 at wark at work	
Г	21. I certify that I attended the deceased from 7.46 8	1958, to aug. 8, 1958, that I last saw the deceased
	alive an 1955, and that death	accurred at 3,00 A M, from the causes and on the date stated above.
Г	ACTUAL The State of the state o	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE Nowerty & treen p	M.D. I welsville & Mif ling 9,1957
	PHYSICIAN'S NAME (Type)	
22	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	R CREMATORY 22d. LOCATION (City, town, or county) (Stote)
L	PUPIAL 0-12-30 ARLINGTION	NATIONAL ARLINGTON VA.
23	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	H.W. JENKINS & SONS CO. 4905 YORK KD). BALTO, DATE AUG 1 3 '58 Orthun & H

15.00

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 CERTIFICATE OF DEATH 8839 Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) funeral direction o. COUNTY b. COUNTY MARYLAND Baltimore Maryland M b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) l Days Baltimore Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 50 604 Cherry Crest Road Veterans Administration Hospital YES NO NAME OF First Middle Lost Year DECEASED OF DEATH F. McGATHEY JAMES August (Type or print) 19 5. SEX 6. COLOR OR RACE 7. MARRIED TE NEVER MARRIED 9. AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH Months Hours Days Male Colored DIVORCED [WIDOWED [7] July 10, 1910 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Dry Cleaning Plant B ankhead, Alabama Presser 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Carr Anderson McGathev 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Clin. Rec., Vet. Adm. Hospital, Ft. Howard, Maryland 215-10-5822 Yes 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH UNKNOWN PART I. DEATH WAS CAUSED BY EMPYEMA, RIGHT IMMEDIATE CAUSE (0) 20 X DUE TO FSOPHAGEAL PLEURAL FISTULAE UNKNOWN Conditions, if ony, which DUE TO CARCINOMA OF ESOPHAGUS UNKNOWN gove rise to immediate DUE TO couse (o), stoting the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stole) (County) Hour a. m. foctory, street, office bldg., etc.) Not while of work of work ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE M.D. VAH. FT. HOWARD, MARYLAND О FUNERAL D PHYSICIAN'S NAME (Type) CHTEN WET LAN. M.D. HOSPITAL, FORT HOWARD, MARYLAND DATE THEREOF 220. BURIAL, CREMATION, 22h. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Buria Baltimore National Cemetlery Baltimore, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Orthun S. Traus VS A15 (4) 15M 9/55 Katie Williams Funeral Home, 322 North Schroeder DATE AUG 2 7 '58 Williams 322 Nechroder It is activate, and

death.

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8841			Keg	. Dist. No.
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (When o. STATE Marylan	re deceased lived. If institution: Res	sidence before admission) Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Towson	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our	rside corporate limits, write RURAL of Towson	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Glenarm Road	oddress)	d. STREET ADDRESS Glenar	m Road	e. IS RESIDENCE ON A FARM? YES NO
NAME OF First DECEASED (Type or print) Sister Man	middle ry Clement McM		4. DATE Month OF August	Day Year 24 19 58
Female 6. COLOR OR RACE 7. MARR WIDOWE		8. DATE OF BIRTH Sept. 27, 18	Love book do A	IDER 1 YEAR IF UNDER 24 HR
	KIND OF BUSINESS OR INDUS	St. John N	ew Brun. Canada	U.S.A.
3. FATHER'S NAME Charles Mc MENA	MON.	14. MOTHER'S MAIDEN NA		
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.		Theresa Ga	.11agner Address	
Yes. no. or unknown) (If yes, give wor or dates of service)	NONE S	ister M. Peter	Fourier Not	ch Cliff, Md.
5 70. 5 DUE TO Conditions, if any, which gove rise to immediate cause (a), stoting the under-lying cause lost. MAEDIATE CAUSE (a) (b) (b) (c)		structio		
PART II. OTHER SIGNIFICANT CONDITIONS C	on gene	rulised		PART 1(o) 19. WAS AUTOPS' PERFORMED? YES NO
OF CONTRIBUTING LI CAUSE OF DEATH	RIBE HOW INJURY OCCURRED). (Enter nature of injury in Pa	rt 1 ar Port II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN While of work	Nat while fac	ACE OF INJURY (Hame, form, tary, street, office bldg., etc.)	20f. (City or town)	(County) (Stat
21. I certify that I attended the decease alive an 19.	, and that death	accurred at 635 P.	M, fram the causes and a DDRESS (Street, city or town, state)	0 2 SO BATE SIGH
PHYSICIAN'S K.A. PETER VAN	BERKUM.		ALTO, MD.	
20. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OF	CPEMATORY 2	2d, LOCATION (City town, or coun	nty) (State)
BURIAL 8-26-58.	VILLA MAI	RIA CEM.	NOTEMODIFF BY REGISTRAR 246. REGISTRAR'S	NR. TOWSON

M

ely filled in by the funeral director, Pages 1 and 2 shavid be filed with

O FUNERAL DIRECTOR: After certificate has been signed by the attending physician and can'd page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pap the registror prior to burial, crematian, ar removal, and in any event within 2 haurs after death. may be retained by the hospig TO FUNERAL DIRECTOR: After

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 VS A15 (4) 15M 10/57

AL GROWITLAN - NEWS SO THE AT A RECEIVE OF SEATH OF SAVING CENTRAL OF DEATH CHARLES OF TELLER THE PROPERTY OF THE STATE executed within 24 hours after death; Page

requires that the

HOSPITAL

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stely filled in by the funeral director, Pages 1 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page a may be retained by the hospital and are already physician. TO FUNERAL DIRECTOR: After a certificate has been signed by the attending physician and color field in by the funeral director; page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon page. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death.

VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	8842		CERTIFIC	CAI	E OF DEAT	Н		Reg. Di	st. No		
1. PLACE OF DEATH o. COUNTY Baltimor	e		MARYLAN	- 1	USUAL RESIDENCE (Va. STATE Maryland	Where decease	Baltimo		ice befor	re admis	sion)
b. CITY OR TOWN RURAL and give	(If autside carporate lim	its, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (I	f outside carpo			give nec	arest tow	n)
	verlea		life	X	Rural	Overle	a				
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital,	give street	oddress)		d. STREET ADDRESS					e. IS RES	SIDENCE
110 Walnu				15	10 Walnut	Avenue					FARM?
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE	Mon	th	Do	У	Year
(Type or print)	Adam		H.		McQuay	OF DEATH	Au	gust	5		19 58
5. SEX	6. COLOR OR RACE	7. MARE	NEVER MARRIED	B. D.	ATE OF BIRTH		9 AGE IIn years	IF UNDER	1 YEAR		ER 24 HRS.
male	white	WIDOWI	DIVORCED	1 8	3-12-1877		last birthday) 80 yrs.	Months	Days	Haurs	Min.
10a. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Sto	te ar foreign co	ountry)	12. CI	TIZEN O	F WHAT	COUNTR
Carpent	rking life, even if retired)	Carpenter		Maryla	nd		τ	J.S.	A.	
13. FATHER'S NAME				14	. MOTHER'S MAIDEN	I NAME					
James H.	McQuav				Elizab	eth Bro	wn				
15. WAS DECEASED EV	ER IN U. S. ARMED FOI		SOCIAL SECURITY NO. 12	7. INFO			Add	ress			
(Yes, no, or unknown)	(If yes, give war or dates of		217-03-6669 N	rs.	Minnia Mc	Quav 1	10 Walnu	t. Ave	mile	#	6
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	ATH WAS CAUSED BY:	Jose per in	27	/	. 0 .	1.	f-			ET AND	
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Canditions, if		, ce	renose	un	our co	none	y Les	20	des	ea	20
gave rise to)				/					
tying cause lost	the under-										
			CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEASI	CONDITION GIV	FN IN PAR	T 1(a) 1	9 WAS	ALITOPSY
2								EN INTA	1(0)	PERFC YES [PRMED?
	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	RRED. (E	nter nature af injury i	n Port I ar Port	II af item 18.)				
	RY Manth, Day, Ye			PLACE	OF INJURY (Hame, fa	rm, 20f. (City	ar tawn)	(0	County)		(State)
Hour a.m.	19	While of war	Nat while	raciary,	street, affice bldg., e	rc.)					
	hat I attended the	dooon	dia Man	23	10 200	Muse	A= 10 50	Co			
	Plant a	deceds	1-0		_, 19, 10	2					decease
alive an		, 19	, and that dec	oth occ	curred at 7:39		the causes a		he dat		
ACTUAL	the worker		MIK		6801	ADDRESS (SI	reet city or town,	plate)	,	1	ATE SIGNE
SIGNATURE Z	Good	-	1. an	M.D.	0001	Ose	cano	7_		uy	25,5
PHYSICIAN'S NAME (Type)	Charles	14	-Kerr		Ball	timo	· 6,7	nd	-	/	
22a. BURIAL, CREMATIC	ON, 22b. DATE THEREC)F	22c. NAME OF CEMETER	Y OR CR	EMATORY	22d. LOCA1	ION (City, tawn, o	or county)		(Stot	le)
REMOVAL (Specify Burial	8-8-1958	3	Parkwood (Ceme	terv		imore	2.0	vla		
23. FUNERAL DIRECTOR			ADDRESS			C'D BY REGIST		STRAR'S SIG	0		
Larral 7	Manage Han	2. 7	un Bal	R	DATAU		Pool		-1		
addresin ly	SATIENEUX, 11011	CO.	10/9/01r	/1	C. DAIRO		NUM	- PALL	11/4		

The control whatehing attended to carry leadelies : Codunt of 58 2500 23 21 6200 25 25 Land Mary Ester Believed des 18 Charles M. Vierr Boldings 6, 20 d.

FOR STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the certificate, writher the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File pages 1 and with the State Board of Health, or its designated agent, prior to buriol, cremation, or removal, and in any event, within 72 hours after death.

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VS ATSME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08836

Rea. Dist. No.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8843

PLACE OF DEATH	Baltimore		MARYLAND	o. STATE Mary	Where deced	sed lived. If institu b. COUNT		before odm	ission)
and give nearest fown)	outside corporate limits, write RURA		H OF STAY IN 16	c. CITY OR TOWN (porote limits, write	RURAL ond gi	ve nearest to	wn) 🗸
Catonsvi			hl7dys) Te		3 V O	1-4	
SPRING GRO	OF INSTITUTION (IF not)	OSPITAL	street oddress)	d. STREET ADDRESS	brook	Avenue	#16	ON	A FARM?
3. NAME OF DECEASED	First		Middle	Lost	4. DATE	Mont	h	Day 1	feor
(Type or print)	Harol	d	William	McQuoid	OF DEATH	Augu	ust 5	1	9 58
S. SEX	6. COLOR OR RACE 7. A	AARRIED NEV	ER MARRIED	8. DATE OF BIRTH		9. AGE (In years lost birthday)	IF UNDER TY	EAR IF UND	ER 24 HRS.
male	white win	OWED 🗍	DIVORCED -	Sept. 20, 18	391	66 yn.	Months Do	ys Hours	Min.
100. USUAL OCCUPATIO	N (Give kind of work done	106. KIND OF BU	SINESS OR INDUS	TRY 11. BIRTHELACE (Stot	e or foreign	country)	12. CITIZEI	N OF WHAT	COUNTRY
clerk-typ	ist even if refired)	State o	f Md.	Massachu	sette	3	U.	S. A.	
13. FATHER'S NAME				14. MOTHER'S MAIDEN	NAME				
William	McQuoid	215-0	7-5446	DESMAKR		Sharpe			
15. WAS DECEASED EVE	R IN U. S. ARMED FORCEST		CURITY NO. 17.	INFORMANT		Address			
XXXXXXXXXX No	(If yes, give war ar dates of service)	KODEROO	XX Yes M	James E. I	ane-36	24 W. Be	lvedere	Avent	10
	H [Enter only one cause pe	r line for (o), (b),	ond (c).]	0 .	1.	1		INTERVAL BETWO	EEN ATH
PARI I. DEAI	H WAS CAUSED BY: IMMEDIATE CAUSE (6)	a	cuto 1	ludiae	Yau	une			
904.7	DUE TO	0	,	1	0	12			
Conditions, if an		10a	ales	Vaseul	m.	ousea			
gave rise to immed (a), stating the u cause last.		has	live !	ield.	lene	m -	acc	du	ex
Z PART II. OTH	ER SIGNIFICANT CONDITIO	NECONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO THE TER	WALDISEAS	E CONDITION GI	VEN IN PART 1	a) 19. WAS	AUTOPSY
XX								YES T	NO TO
PART II. OTH OCT. OCT. OCT. PART II. OTH CAUSE OF DEATH.	A=			Enter noture of injury in Po	ort I or Port II	of item 18.) P	t. found		
3 20c. TIME OF INJUR		20d. INJURY OC	CURRED 20e. PL	ACE OF INJURY (Home, for	m. 20f. (Cit	y or town)	(County	r)	(Slote)
20c. TIME OF INJUR	7-29 19 58	While Not of work of work		atonsville		and ho	spital		
	at I took charge of						-	an an	d in my
	resulted from: Natu					-		Copaligna	
ACTUAL SIGNATURE	Les M	Mi	ffer	M.D. CHIEF MEDICAL I	EXAMINER [DATE	SIGNED
PVA ALIA IERIA		4		ASSISTANT MEDI	CAL EXAMINI	ER 🗍		8-5-	-58
EXAMINER'S NAME (Type)	George M. Kie	ffer, M.	D.	DEPUTY MEDICAL	EXAMINER				
220. BURIAL, CREMATION REMOVAL (Specify)	N, 226. DATE THEREOF	22c. NAME	OF CEMETERY O	R CREMATORY	22d. LOCA	TION (City, Iown,	or county)	(Stot	•)
Removal	8/7/58		dlawn Cer	netery	Clin	nto, Mass	achuset	ts	
23. RUNERADDIRECTOR	SIGNATORE	/ ADDI	RESS 7 ~	240. REC	'D BY REGIS	TRAR 24b. REGI	STRAR'S SIGN	ATURE .	1
11	checkmen!	Long -	2/LIV	and DATE &	3/6/3	8 Ce.	W. He	edres	~
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8844

08837

Reg. Dist. No.

1. PLACE OF DEATH	Baltimore		MARYI	LAND	2. USUAL RESIDENCE OF STATE	CE (Where dece	ased lived. If institution b. COUNT		before admission)
b. CITY OR TOWN (I and give nearest town Upperc	•	RURAL	c. LENGTH OF STAY I	N 1b			re City	RURAL ond give	e nearest town)
d. NAME OF HOSPIT	tal or institution (If not in hosp	pital, give street oddress)	d. STREET ADDRE		th. Str	eet	e. IS RESIDENC ON A FARM YES NO
3. NAME OF DECEASED (Type or print)	Lawrence	10	Middle E •	Me	eker	4. DATE OF DEATH	Aug	- 4	58 19
5. SEX Male	6. COLOR OR RACE White	7. MARRIE	DIVORCED	_	June 23.	1902	9. AGE (In years last birthday) 56 yrs.	Months Day	AR IF UNDER 24 HI B Hours Min.
Painte	ON (Give kind of working life, even if retired) T	done 10b. K		ed.	Mai	ryland	country)	12. CITIZEN	USA
13. FATHER'S NAME	dam 10 Maai				Annie				
	iam F.Mee.	-	SOCIAL SECURITY NO.	17. INI	FORMANT	DIAGE.	Address		
Yes, no, or unknown) Yes	(If yes, give war or dates of		None		.Lawrence	ce E.			lto.
Conditions, if a gove rise to imme (o), stating the couse lost.	underlying DUE TO		esteria?	J	E CCA	MQ	un		5.13112
PART II. OTI	HER SIGNIFICANT CON		NTRIBUTING TO DEATH	BUT NO	OT RELATED TO THE T	ERMINALDISEA	SE CONDITION GI	VEN IN PART 1(o	PERFORMED?
20g. EXTERNAL CA PRIMARY Or CO CAUSE OF DEATH.	NIRIBUTING L	b. DESCRIBE	HOW INJURY OCCUR	RED. (En	ter noture of injury in	Port I or Port	II of item 18.)		
20c. TIME OF INJU Hour o. m. p. m.	97	While of wor	Not while	e. PLACI foctor	E OF INJURY (Home, y, street, office bldg.	form, 20f. (C	ty or town)	(County)	(Stote
	hat I took charge I from: Naturol	_					Inspection 🔀 Undetermined		X, and find th
ACTUAL SIGNATURE	A. D. 60	. CC	es	10	M.D. CHIEF MEDICA	AL EXAMINER [DATE SIGNED
EXAMINER'S NAME (Type)	D.D.C	AP	LES.			EDICAL EXAMINER			8-14-
REMOVAL (Specify Burial	Aug.25	.1958	22c. NAME OF CEMETE St. Mary				ATION (City, town, ltimore		(Stote)
23. FUNERAL DIRECTOR Austin	r's signature E • Donovan	.3818	ADDRESS		240.	REC'D BY REGI		STRAR'S SIGNA	

cute the certificate, writing forwarded to the Chief TO FUNERAL DIRECTOR: P. VS. A15ME(5) 5M 9/55

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ALF EXAMINES IN CERTIFICATE OF DEATH ALL ALL ALL ALL ALL ALL ALL ALL ALL AL	
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And the company of th	ing design lighter
S Meland ave. Falts	Augusta M. Donovara, J.

	MARYL	AND STA	TE DEPAR	TMEN	NT OF HEALT	H-BAI	LTIMORE, 1	8		08838
	- 8845		CERTIFI	CAT	E OF DEAT	Н				10000
1. PLACE OF DEATH o. COUNTY	altimore		MARYLAI	- 1	USUAL RESIDENCE (W	here decease	ed lived. If instituti b. COUNTY	Reg. Di		admission)
	(If outside carporate limits nearest town)	s, write c. LEI	NGTH OF STAY IN	16	c. CITY OR TOWN (IF Baltimore	autside carp	orate limits, write R	URAL and	give neares	it town)
O'R INSTITUTION			•)		d. STREET ADDRESS 2617 Penns	Ave				IS RESIDENCE ON A FARM? (ES NO
3. NAME OF DECEASED (Type or print)	HIII CODY H Firs EDWA		Middle	ME	Lost CISTER	4. DATE OF DEATH	Man		Day	Yeor 19 58
5. SEX male	7 · A	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED		valy 10, 187	72	9. AGE (In years lost birthday) 60 yrs.	-		UNDER 24 HRS laurs Min.
10a. USUAL OCCUPAT during most of wo	ION (Give kind of work d rking life, even if retired)	ane 10b. KIND (OF BUSINESS OR I	NDUSTRY	11. BIRTHPLACE (Stote	ar foreign	country)	12. CI	IZEN OF	WHAT COUNTR
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN	NAME				
Charles	J. Meister				Elizabeth	Reuth	er			
PART I. DE	ATH [Enter only one cou ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Dri	o), (b), and (i).] E0091	Mrs #S//	Regina Me	eister	- 4600 1 FAILUR	ewn :	INTERV	AL BETWEEN AND DEATH
Conditions, if gave rise to cause (a), stating	immediate (b). the under-	Pul	MONAR	y L	DEMA-	- 1	11 710	OCE	3a	ays
PART II. O	THER SIGNIFICANT COND	SEVER PHARE	BUTING TO DEATH	BUT NO	T RELATED TO THE TERM	INAL DISEAS	SE CONDITION GIVE			WAS AUTOPSY PERFORMED? ES NO
	YAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DESCRIBE H	IOW INJURY OCC	URRED. (I	Enter nature of injury in	Part I ar Pa	rt II of item 18.)			
20c. TIME OF INJU Hour a.m. p. m.	RY Manth, Day, Year 19		lot while	e. PLACE factory	OF INJURY (Hame, farm, street, affice bldg., ek	n, 20f. (Cit	y ar town)	(County)	(State
21. I certify to alive an Actual SIGNATURE	hat I attended the	deceased from	om SULY 1, and that de	eath ac	1958, to 1 corred at 5:1		2/, 1958 m the causes of treet, city or town,	nd an t		the deceas stated above
PHYSICIAN'S NAME (Type)	HOMAS L	E. WH	HEELEK	e	RI	9180	>-	mi	5	

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS Sous -

Loudon Park Cem.

22d. LOCATION (City, tawn, or county)

240. REC'D BY REGISTEAR AUC 2 58

DATE

Balto., Md.

246. REGISTRAR'S SIGNATURE CITTLES & Trans

(State)



220. BURIAL, CREMATION, REMOVAL (Specify)

23 SUMERAL DIRECTOR'S SOLATURE

22b. DATE THEREOF

	HE OF DEATH		
		47	
			STATE OF THE STATE
	LE DEBLE FA		
	La Constitution of		
nerse northern \$20			

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE, 18
and the same of	CERTIFICATE	0	DEATH

EKTIFICATE OF DEATH 8846 Rea. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY Baltimore MARYLAND Marvl and b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 5vr6mths22dvs Baltimore 2 Catonsville d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 130 Edgevale Road SPRING GROVE STATE HOSPITAL YES NO 3. NAME OF First Middle 4. DATE Month Day DECEASED OF DEATH William Mitchell Robert (Type or print) 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days white ma le WIDOWED | DIVORCED | June 24, 1900 yrs. 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Kentucky U. S. A. laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Eliza Ball Ben Mitchell 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 212-07-9260 Records: G ROVE STATE HOSPITAL unknown -18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, | 20f. (City or tawn) Day, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work July 31, ovst 3, 1958, that I last saw the deceased 21. I certify that I attended the deceased fram... and that death accurred at 12 m.M. fram the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SPRING GROVE STATE HOSPITAL PHYSICIAN'S SUPU Catonsville NAME (Type) 5 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE AUG 6

DATE

VS A15 (4)

M 200 214	OF DEATH	CERTIFICATE	389			
Storm ANNE ARCOM			July 16 18			
The state of the state of						
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Line State and the Blicker of the state of t				ACTUAL TO SHOW		
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	STATE OF THE PARTY.	, ————————————————————————————————————				
	HISSHIP WALLEY			monate and		

8847	CEKTIFICATE	OF DEATH	Reg. Dist.	No.
PLACE OF DEATH O. COUNTY ORTHON	MARYLAND 2. U	JSUAL RESIDENCE (Where deceased b. STATE	lived. If institution Residence	before admission)
RURAL and give nearest town	E. LENGTH OF STAY IN 16	CITY OR TOWN (If aulside corpora	ole limits, write RURAL and giv	e nearest fown)
d. NAME OF HOSPITAL (If not in hospitol, give street of OR INSTITUTION	idress)	d. STREET ADDRESS	ma	IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print)	Middle (M)	Lost 4. DATE OF DEATH	augu XII	Day Year
SEX 6. COLOR OR RACE 7. MARRIEI WIDOWED		TE OF BIPTH Clover 7 th 1900	1 1 1 1 1 1	YEAR IF UNDER 24 HRS. ays Hours Min.
Do. USUAL OCCUPATION (Give kind of work done 10b. K) during most of working life, even if retired)	tel mills	Essex Co.V	riginia 12. CITIZ	EN OF WHAT COUNTR
D. FATHER'S NAME Clarence M	rondie "	MOTHER'S MAIDEN NAME	mun)	
(et. no. or unknown) (If yes, give wor or dates of service)	095627	arene 5	Catt 8020	horris Ra
18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED 8Y:		Ocalui		INTERVAL BETWEEN
MMEDIATE CAUSE (a)	wonan	1 occusion	7	morany
Conditions, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> (b) DUE TO	Huberten	4.04		unknow
PART 11. OTHER SIGNIFICANT CONDITIONS CO.	NTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE	CONDITION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	IBE HOW INJURY OCCURRED. (En	ter nature of injury in Part I or Part I	l of item 18.)	
Hour a.m. While	URY OCCURRED Not while of work	OF INJURY (Home, farm, street, office bldg., etc.)	or town) (Co	unty) (Stote)
21. I certify that I attended the deceased	خناجا فالتصنيف فالمتناق والتحالات	158 Gengust		st saw the decease
alive and 19	, and that death acc	urred at 5:40 M, fram ADDRESS (Street	the causes and an the	DATE SIGNE
SIGNATURE TO THE	M.D.	1072011	an 8 k. 7	Jattoza
Valla	1			
PHYSICIAN'S NAME (Type)	omas M.	D		
NAME (Type)	226. NAME OF CEMETERY OR CHE	MATORY BIS	ON (City, town, or county)	A Coll

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 etely filled in by the funeral director, s. Pages 1 and 2 should be filed with may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After its certificate has been signed by the attending physician and cap page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon poptible registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8849

CERTIFICATE OF DEATH

	0020	<u>GERRIO G</u>					Reg. Dist.	. No	
1.	PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESII o. STATE		ere deceased lived yland	d. If institution b. COUNTY	Balti		ssion)
	b. CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town) TOWSON	c. LENGTH OF STAY IN 16	c. CITY OR 1	-	utside corporate li	mits, write RL	JRAL and giv	re nearest tow	n)
7	d. NAME OF HOSPITAL (If not in hospital, give street or institution 525 Park Avenue	et oddress)	d. STREET A		Avenue	2		ON	SIDENCE A FARM?
3.	NAME OF First DECEASED (Type or print) GLADYS M	Middle MARIE MOORE	los	1	4. DATE OF DEATH	Augus	t 31,	1958	Yeor
_		THE THE THE THE THE THE	B. DATE OF BIRTI		. or	GE (In years st-birthday) yrs.		YEAR IF UND	
]	o. USUAL OCCUPATION (Give kind of work done 1) during most of working life, even if refired) Housewife	Own Home		ACE (Stote land	or foreign country)	12. CITIZ	EN OF WHA	TCOUNTRY
13.	FATHER'S NAME		14. MOTHER'S						
	Elmer Herring			yn Ha	milton		45		
15	. WAS DECEASED EVER IN U. S. ARMED FORCES? es. no. or unknown) No None		bert S.	Moore	, Sr., 5	25 Par		.,Tows	on, Md
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under- lying couse lost. (c)	Levenona	of B	reks	8			ONSET ANI	DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITION						EN IN PART	PERF	AUTOPSY ORMED?
	20a. ACCIDENT WAS UNDERLYING 20b. E OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D. (Enter nature o	f injury in F	ort I or Part II of	item 1B.)			
MEDICAL	Hour o. m. Wh		ACE OF INJURY (ctory, street, office	Home, form bldg., etc.	20f. (City or to	wn)	(Co	unty)	(State)
	21. I certify that I attended the dece alive on Aug. 18., 19 ACTUAL SIGNATURE FEMALULE FOR SIGNATURE FOR SIGNATURE FOR SIGNATURE (Type)	ased from May		5:30 B	Aug 31 E.M., from the ADDRESS (Street, . Charl	causes a	nd on the	date stat	
22	Burial (Specify) Sept. 3,1958	Spesutia Ceme			22d. LOCATION Perryma			(Sto	ite)
23.	FUNERAL DIRECTOR'S SIGNATURE John Burns! Sons, Towson	ADDRESS n, Maryland		240. REC'I	BY REGISTRAR		TRAR'S SIGN		

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FOR STATE HEALTH DEPT. If any delay is necessary, please 3 to the funeral director. Page pay be retained for your files. of Health or its designated agent, prior ta burial, cremotion, or removal, and in any event within 72 hours after death.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, execute the certificate, writing the ward "pending" in pencil in Item, 18. Give Pages 1, 2, and 4 should be forwarded to Chief Medical Examiner's Office along with form PM3. Pages 1 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and

execute the certificate, writed to should be forwarded to TO FUNERAL DIRECTOR: Pag

VS. A15ME 5M 2/57

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8850 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

		key, Dist, 140.
1. PLACE OF DEATH O. COUNTY DOTAGE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
Baltimore	MARYLAND	o. STATE Maryland b. COUNTY Prince George's
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)
Catonsville	8 mths8dvs	Washington, D. C. 16x-2
d. NAME OF HOSPITAL OR INSTITUTION (If not in	hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
SPRING GROVE STATE HO	OSPITAL	2212 Dallas Drive, S. E. YES NO
3. NAME OF DECEASED (Type or print) Wallace	Middle Wynne	Morse 4. Date OF DEATH Aug 19 58
5. SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In years MUNDER 1YEAR IF UNDER 24 HRS.
male white willow		October 5, 1872 85 y
10c. USUAL OCCUPATION (Give kind of work done 10t during most of working life, even if refired) 1 umber business	, KIND OF BUSINESS OR INDUST	New Jersey 12. CITIZEN OF WHAT COUNTRY? New Jersey U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME
Amos A. Morse		Ellen Keeney
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO. 17. IF	NFORMANT Address
unknown	Unknown Re	cords: SPRING GROVE STATE HOSPITAL
18. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) OUE TO Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost. (c)	Typetens Iblisease	Cardia Vascular. fractive pight hip
PART II, OTHER SIGNIFICANT CONDITIONS 200. EXTERNAL CAUSE WAS PRIMARY BY OF CONTRIBUTING [] CAUSE OF DEATH.		PERFORMED? YES NO P
20c. TIME OF INJURY Month, Doy, Year 20	tal fracture of d. INJURY OCCURRED 20e. PLACE Thile Not while focks	rtyard, striking right hip, sustaining a sub right femure. CE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) ory, sirest, office bldg., etc.) Catonsville 28 Maryland
21. I certify that I taak charge of the	e remains described aba	ve, held an Autopsy . Inspection . Inquiry . and in my
apinion death resulted fram: Natura	l causes []. Accident [4. Suicide , Hamicide , Undetermined manner
ACTUAL SIGNATURE SEO S, M.	Kieffer	_M.D. CHIEF MEDICAL EXAMINER [] ASSISTANT MEDICAL EXAMINER []
EXAMINER'S George M. Kie	ffer, M. D.	DEPUTY MEDICAL EXAMINER & Mug 2/, 38
220. BURIAL CREMATION, 226. DATE THEREOF REMOVAL (Specify). 1. Marion 9/2/58	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, fown, or county) (Store)
23 EUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8851 CERTIFICATE OF DEATH

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0001				Key, Dist. 14	•
1. PLACE OF DEATH O. COUNTY DAT (BTMODE)	MARYLAND	o. STATE	ere deceased lived. If institut b. COUNT		fore admission)
BALTTMORE b. CITY OR TOWN (If autside corporate limits, write	c. LENGTH OF STAY IN 16	MARYLAN	viside corporate limits, write	Olio et and alice a	V
RURAL and give nearest town)	C. LENGIN OF STAT IN TO	c. CITT OK IOWN (IF OU	orside corporore limits, write	43.4	nearest town)
FORT HOWARD	940 DAYS	BALTIMO	RE	JY01-	4
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION		d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
VETERANS ADMINISTRATION	HOSPITAL	2111 G/	ARRISON BLVD		YES NO X
3. NAME OF First DECEASED (Type or print)	Middle	Lost	4. DATE Mo	enth 1	Day Year
TAUMAS	H RIED ☑ NEVER MARRIED ☐	MUNDY 8. DATE OF BIRTH	August	JE UNDER 1 YEA	18 19 58 AR IF UNDER 24 HRS.
			9. AGE (In years last birthdoy)		
Male White WIDOW		June 29, 188'			
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State of	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Supervisor of Maintenance	Balto Housing	Auth, Charlott	tesville. Va	U.	S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N			
Thomas Mundy		Mildred Pro	eddy		1
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. [Yes. no or unknown] (If yes. give wor or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		dress	
	16-09-1851 C1	in.Rec., Vet.Ac	dm. Hospital,	Ft. Howar	d, Md
18. CAUSE OF DEATH [Enter only one cause per li	ine for (o), (b), and (c).]			110	TERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	TENTE STREET OM	٨		0	NSET AND DEATH
2024	HATPLE MYELOM	3.	A STATE OF THE STA		3 years
DUE TO					
Canditions, if any, which (b)		21.42-1.11.1-3			
cause (a), stating the under-					
lying cause last. (c)					
PART II. OTHER SIGNIFICANT CONDITIONS 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING OR C	CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION G	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
200. ACCIDENT WAS UNDERLYING 20b. DES	CRIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in P	ort I or Part II af item 18.)		
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					
ZOC. TIME OF INJURY Month, Day, Year 20d. I	NJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form,	20f. (City or town)	(Count	y) (State)
Hour a.m. While	Nat while fo	ectory, street, office bldg., etc.)		(200111	,,, (0.0.0)
E p. m. TrA 19 at wo	rk at work				
21. I certify that Kattended the decease	ed from January 2	21 , 19 58, to Au	gust 18 , 19 5	8., thousands	sowatientenesse
alive processes as a series of the series of			-		
			ADDRESS (Street, city or town		DATE SIGNED
ACTUAL (1/100 / K	100				8/10/5
SIGNATURE	TOLL	M.D. VAH Ft HOW	ard, Md		0/19/2
PHYSICIAN'S NAME (Type) CHITTH WET TAN A	(D	VAH Ft How	5M bre		
22a. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, town,	ar county)	(State)
REMOVAL (Specify) Burial 8/21/58	Oak Lawn Cer	neterv	Baltimore, M	brefvre	
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	e e		ISTRAR'S SIGNAT	URE
		DATE	AMG 21 '58	Chilian &	. Kroux

sletely filled in by the funeral director, rs. Pages 1 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 tial ar attending physician.

his certificate has been signed by the attending physician and to his certificate has been signed by the attending physician permit. Then please remove carbon per use as the burial-transit permit. Then within 72 hours affer deat the registrar priar ta burial, cremation, ar remaval, and in any event within 72 hours page 3 should be detached may be retained by the ho VS A15 (4) 15M 9/55

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8852 CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Taman Boltimore MARYLAND b. COUNTY b. CITY OR TOWN (If outside caroprate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) RURAL and give negrest lown) owson owson d. NAME OF HOSPITAL (If nat in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE Dunkirk Road YES NO NO NAME OF First Middle 4. DATE Last Year DECEASED OF DEATH (Type or print) 5. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED T NEVER MARRIED 1880 WIDOWED TO DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Martin Ruan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Miss Mary Murphy, 36 Dunkirk Road
ized arterioclerosis ONSET ANE war or doles of service! 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)." INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying couse last. (c) CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. WAS AUTOPSY PERFORMED? YES NO 17 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) Not while Hour a.m. factory, street, office bldg., etc.) While of work at wark . 1958, that I last saw the deceased 21. I certify that I attended the deceased fram, and that death accurred at A.M. Ham the causes and an the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Baltimore, Maryland May 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Baltimore, Mary 23. FUNERAL DIRECTOR'S SIGNATURE 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 8 '58 arthur S. Frans VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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CERTIFICATE OF DEATH

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1. PLACE OF DEATH o. COUNTY Balt	imore		MARYLAN	3	USUAL RESIDENCE (V o. STATE Maryland		ed lived. If instituti b. COUNTY				sion)
b. CITY OR TOWN (I RURAL and give no	f outside corporate limi	ts, write	c. LENGTH OF STAY IN	1ь	c. CITY OR TOWN (III	f autside corp			give ne		n) V
	'AL (If not in haspital, s	give street	oddress)	1	d. STREET ADDRESS		4. Balto.	20		ON A	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Walter H		Middle		Last	4. DATE OF DEATH	Mon	ith	D ₀		Year 1958
5. SEX	16. COLOR OR RACE	7. MARC	rd Neisser	38 8 D	ATE OF BIRTH		220	Igust	_	1	ER 24 HRS.
Male	White	WIDOWI	ED DIVORCED	1	2/16/1880		9. AGE (In years lost birthday) 77 yrs.	Manths	Doys	Hours	Min.
Do. USUAL OCCUPATION during most of work Laborer	king life, even it refired	done 10b.	Retired	NDUSTRY	Marylan	_	country)	0		F WHAT	COUNTRY
3. FATHER'S NAME				14	. MOTHER'S MAIDEN					22.0	
John B.	Neisser				Jenevive	Stalm	an.				
	(If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO. 1	7. INFOI			Add	ress		g, file	
Yes	W. W. I.		ne fat/(a), (b), and (c).]	Art	hur Neiss	or	Se	me			
Conditions, if a gove rise to it couse (o), stoling lying couse lost. Part II. OTHER	the under:) DITIONS (Cardiac Schlabi CONTRIBUTING TO DEATH	D yed BUT NOT	arterior RELATED TO THE TERM	elere MINAL DISEAS	SE CONDITION GIV	'EN IN PA	RT 1(a) 1	PERFC	AUTOPSY DRMED?
(IF EITHER, NOTIFY		-	CRIBE HOW INJURY OCCU	RRED. (Er	nter noture of injury in	n Port I or Pa	rt It of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED 20e Not while k of wark	foctory,	OF INJURY (Home, for street, office bldg., e	rm, 20f. (Cit	y or tawn)		(County)		(Stote)
21. I certify the alive on	of lattended the	decease 195	ed from 1910/19 E, and that de R Blok	ath acc	., 1958, 10 Sturred at 11		m the causes of the tribute of the causes of the tribute of tribute of the tribute of tribute o	and on		te stat	decease ed abave ATE SIGNE
PHYSICIAN'S / KI						Bul	llmore	· >	U N	rd	
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	The second secon	L,195	22c. NAME OF CEMETER 8 Orem s Me				timore, c		V_	(Stot	vland
23. FUNERAL DIRECTOR			ADDRESS)/Dy			TRAR 246 REGIS				/
J.J. Bru	zdzineki	1407	Eastern Ave.		DATE	612	1900/4	16	1 /	1/2	21101

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 letely filled in by the funeral directars. Pages I and 2 shauld be fijed with page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon pathe registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs after death may be retained by the haraital ar attending physician.

TO FUNERAL DIRECTOR: Affer this certificate has been signed by the attending physician and page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon is VS A15 (4) 15M 9/55

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VS A1\$ (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8855 CERTIFICATE OF DEATH

		8855		JIAIL	ERTIFIC	ATE OF I			.IIMORE, I	Reg. D	ist. No.	08	849
1.	PLACE OF DEATH	timore			MARYLAND	2. USUAL RES o. STATE	DENCE (Wh	ere decease	d lived. If instituti b. COUNTY	on: Reside	nce befor	e admiss	ion)
	b. CITY OR TOWN (If	outside corporate limit	s, write	c. LENGTH	OF STAY IN 16	-		utside corpo	prote limits, write R	URAL ond	give ned	rest low	1) \
		Howard		112	Hours	Balt	timore		3	Vo.	1 4		
	d. NAME OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET	ADDRESS				1	e. IS RES	
		erans Admir	istr	ation	Hospital	311	8 Barc	lay S	treet				FARM?
	NAME OF DECEASED (Type or print)	Fire CONW.	Y		Middle	NORMA		4. DATE OF DEATH	August		5	y	Yeor 1958
S. :	SEX	6. COLOR OR RACE	7. MARE	RIED NEVE	ER MARRIED	8. DATE OF BIRT			9. AGE (In years				R 24 HRS.
	Male	Colored	WIDOW	-	DIVORCED [Decembe			lost birthdoy) yrs.	Months	Doys	Hours	Min.
00	. USUAL OCCUPATIO during most of worki Laborer	N (Give kind of work on ng life, even if retired)		Sheet			dford,			1	S.		COUNTRY?
3.	FATHER'S NAME					14. MOTHER	MAIDEN N	IAME					
	Charlie No	orman				Mildre	ed Col	eman					
5. IYe	Yes (IN U. S. ARMED FOR	2	14-01-	-7434 C	INFORMANT Lin.Rec.	,Vet.A	.dm.Ho	spital,F		ard,	Mary	land
	PART I, DEAT		ARI			HEART D	TSEASE	2				RVAL BE ET AND YEA	DEATH
	couse (o), stating to												
CATION	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTIN	IG TO DEATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITION GIV	EN IN PAR	RT 1(o) 19	PERFO	AUTOPSY RMED?
L CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY A	UNDERLYING DEATH	20b. DES	CRIBE HOW I	NJURY OCCURRE	D. (Enter noture o	of injury in P	ort I or Par	t II of item 18.)				
MEDICA	20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Yea	While of wor	NJURY OCCU Not wh t of work	ile fo	ACE OF INJURY octory, street, offic	(Home, form, e bldg., etc.)	20f. (Cit)	or town)	(County)		(Stote)
	21. I certify the	of Dattended the	deceas	ed fram S	3:15 PM 8	8/1, 1958	to 2:	15 AM	8/5/1058	XXXXX	KXXX	YXXXX	XXXXX
		(XXXXXXXXX		XXXX or	nd that death		2:450	M, fran		nd an t		e state	
	PHYSICIAN'S NAME (Type) TRY	ITNG FREEMA	AN N		mou				HOWARD, M.				5/58
20	BURIAL, CREMATION REMOVAL (Specify) Burial			22c. NAME	OF CEMETERY C	R CREMATORY		22d. LOCA	TION (City, town, o	r county)		(Stote	
3.	FUNERAL DIRECTOR'S		109-1					BY REGIST				E	
	Joseph L.	Russ	- 7	Baltin	North	ryland	PARG 6	'58	aux.	educ	~		

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18

CERTIFICATE OF DEATH

08850

8858 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY Baltimore b. COUNTY Maruland MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) Arm on e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ong Green Pike yreen YES NO 4. DATE Year NAME OF Middle DECEASED DEATH oseph 19 (Type or print) 9. AGE (In years last bythday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED Manths Days Min. male DIVORCED T WIDOWED Too. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore (0. ourt House 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mary Nolan ames 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT . Ohler, Long Green Pike 16. SOCIAL SECURITY NO. rotic Hear Dis In 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which (b) gave rise la immediate DUE TO couse (a), stating the underlying cause last. ART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (Stote) 20d. INJURY OCCURRED (County) Doy, Year factory, street, office bldg., etc.) Hour a.m. While Nat will at work at war 1950 that I last saw the deceased 21. I certify that I attended the deceased from death occurred from the causes and on the date stated above alive on DERESS Street, city or town, DATE SIGNED SIGNATUR PHYSICIAN'S NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) green, emeteru ong. 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE AUG 2 8 '58 arihan & Krous Hartond Road



VS A15 (4) 15M 9/55

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Blog - 16 2 - 1 - The said H St Fill Hall By Brown
Service Commencer of the Commencer of th
Learnes of Land 3307 Max and Road and the Second

If any delay is necessary, please exe-the funeral directar. Page 4 should be far your files. crematian, to bortoh M the registrar prior TO DEPUTY MEDICAL EXAM R: This certificate shauld be executed within 24 hours after death. cute the certificate, writing ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to farwarded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained FunkRAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with

ar remaval.

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8749

U8851

Reg. Dist. No.

1. PLACE OF DEATH 3. COUNTY 3/4 MONCE COUNTY MARYLAND	a. STATE Maryland b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give necreat town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)
Dundalk	X Turner Station
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS o. IS RESIDENCE ON A FARM?
109 Avondale Road	109 Avondale Road YES NO M
3. NAME OF First Middle	Last 4. DATE Month Day Year
(Type or print) William (Willie)	Parson DEATH 8 - 30 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	Months Dave Hours Min
	March 18, 1892 66 yrs.
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor Balto. Co. Schoo	TRY 11. BIRTHPLACE (Stote or foreign control thfield 12. CITIZEN OF WHAT COUNTRY Olive White Co., Virginia U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Parson	Agnes White
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IP	NFORMANT Address
	arnett Parson - 113 Oak Street
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Leveline Det Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last. Cause Institute Description (b) DUE TO (c)	Le Cerdinesales Delase
CATIO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
© 20a. EXTERNAL CAUSE WAS PRIMARY ☐ or COUTRIBUTING ☐ CAUSE OF DEATH.	Enter noture of injury in Part I ar Port II of item 18.)
	CE OF INJURY (Home, form. 20f. (City or town) (County) (State) dary, street, affice bldg., etc.)
21. I certify that I toak charge of the remoins described aba death resulted from: Natural causes Accident , Sui	
SIGNATURE William Whoods	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S NAME (Type)	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER
220. BURIAL, CREMATION, REMOVAL (Specify) 9-3-58 22c. NAME OF CEMETERY OR Mt. Calvary	CREMATORY 22d. LOCATION! (City, town, or county) (State) Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Charles R Law 802 Medison Avenue	DATE SED 2 158 October & Kenner

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fine a fabrova 97	funcilla Enduciri. 90	
(AZELE)		
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e (A.W. couple)	aveol satility	
Service day (if - asseut drawn) Stephinica	allo di	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8857

CERTIFICATE OF DEATH

Reg. Dist. No. (18852)

-		
	1. PLACE OF DEATH O. COUNTY BULLE CO MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY CO
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CM9 OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitol, give street oddress) OR INSTITUTION OR WASE IN Pune C. V. H.	d. STREET ADDRESS 2/5 reston Pourt o. 15 RESIDENCE ON A FARM? YES NO
	3. NAME OF DECEASED (Type or print) DALTIS C, PAY	NE Loss 4. DATE Month Doy Yeor OF DEATH UNG 16 1258
-	5. SEY 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH 9. AGE (In your life UNDER 1 YEAR IF UNDER 24 HRS. 10st birtholdy) 2 9 yrs. Months Days Hours Min.
	100. USUAL DCCUPATION (Give kind of work done during most of working life, even if retired)	STRY (11. BIRTHPLACE (Stole or foreign country) . 12. CITIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME HOSA - Mendecher	14. MOTHER'S MAIDEN NAME ANN Hilliches
)	15. WAS DECEASED EVENTN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service)	Masler H. Parme
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	Joennysselien Interval Between ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b) Rhacemalic He (b) Rhacemalic He (c)	and Disease 20%.
0		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\subseteq NO \(\subseteq \)
	20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Port 1 or Port II of item 18.)
		ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.) (City or town) (County) (Stote)
	21. I certify that I attended the deceased from 4-15 alive on 5-15, 1938, and that death	occurred at 12012 M, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED
-	SIGNATURE Welson K. Fallages	M.D. 6209 Frederick ave. 8-18-58
1	PHYSICIAN'S WILMER K. Gallager	Cotonsville-28, md.
6	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify) 21958 22c. NAME OF CEMETERY OF REMOVAL (Specify) 21958 22c. NAME OF CEMETERY OF REMOVE PROPERTY OF PROPERTY OF PROPERTY OF PROPERTY OF PROPERTY OF PROPERTY	national Batto. md.
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 28	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE AUG 2 0 '58 Cuthur S. Trans

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the has TO FUNERAL DIRECTOR: Aft VS A15 (4) 15M 9/SS

O FUNERAL DIRECTOR: After his certificate has been signed by the attending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon positive registrar prior to burial, cremation, or removal, and in any event within 72-foods after death.

stely filled in by the funeral director, Pages 1 and 2 should be filed with

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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VS A15 (4) 15M 10/57

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 2250

Reg. Dist. No.

1. PLACE OF DEATH	0.00	V		2.	USUAL RESIDENCE	(Where decease			efore admis	sion)
o. COUNTY B	altimore		MARYL	AND	o. STATE Mary	lend	b. COUNTY	Bal	timore	
b. CITY OR TOWN RURAL and give Ruxto		ts, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN		orote limits, write R	URAL and give	nearest taw	n)
	PITAL (If not in hospital, g N	ive street	oddress)	1	d. STREET ADDRESS Baltimore		Home		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	JOHN		AS PERRY		Lost	4, DATE OF DEATH	August	27, 19	Doy 58	Yeor 19
5. SEX Male	6. COLOR OR RACE	7. MARR	NEVER MARRIE	00	Sept. 4, 1	.870	9. AGE (In years last birthday) 98 yrs.	Months Doy		ER 24 HRS. Min.
10a. USUAL OCCUPA during most of w Unkno	TION (Give kind of work rorking life, even if retired WIL	done 10b.	KIND OF BUSINESS OF Unknown	RINDUSTRY		tole ar fareign		USA	OF WHA	COUNTRY
13. FATHER'S NAME	John Thoma	s Per	ry		4. MOTHER'S MAIDE	NAME SSIO E	ats			
15. WAS DECEASED E (Yes, no. or unknown)	VER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	10000	rsing Home	Record	Add ls	ress		
Canditions, if gove rise to couse (a), stolin lying cause los	any, which immediate ong the under-)			C A			VEN IN PART III	5) 19. WAS	AUTOPSY
САТІС	WAS UNDERLYING		CRIBE HOW INJURY OF						PERF	ORMED?
OR CONTRIBUTION	NG CAUSE OF DEATH	200. 003	CRISE HOW HOOK! O	CORRED. (and notice of injury	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
20c, TIME OF INJ	n. 10	While	NURY OCCURRED Not while of work		OF INJURY (Hame, y, street, affice bldg.		ty or town)	(Cau	nty)	(Stote)
	-11	193 WY	and that	death o	17w 72	ADDRESS (om the couses of Street, city or town,	ond on the	date sto	deceosi ded obove DATE SIGN
	TION, 22b. DATE THEREO		22c. NAME OF CEME May's Cha				ATION (City, town, onium, Ma		(Sto	ole)
23. FUNERAL DIRECTO	or's signature ns! Sons, To	wson,	ADDRES5"		240.	SEP 2		Istrar's SIGNA		

ICATE OF DEATH		021/9
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08855

Reg. Dist. No.

CERTIFICATE OF DEATH

		1. PLACE OF DEATH			2. USUAL RESIDENCE (HOME) OF DECEASED				
COUNTY BALT	MORE	MARYLAND	STATE MARY	LAYL COUNTY BA	1+				
CITY (If outside corporate lim		LENGTH OF STAY		prete limits, write RURAL and give r	LIFTORE				
OR end give neerest town)		(in this plece)	OK /	1 -	1041031 104111,				
MALE	HORPE	IDYAS	51 TOWN HA	LEIHORDE					
HOSPITAL OR INSTITUTION OR	0		STREET ADDRESS	(If rurel give location	n)				
STREET ADDRESS 56	18 CARU	VILLE AVE	561	8 CARVILL					
DECEASED	First)	(Middle)	(Lest)	4. DATE (Month) OF DEATH A U 9	(Dey) (Yeer)				
S. SEX 6. COLOR O	EORGE S	PANLEY	Polls	1/1	3/, 1958				
MALE Whit	WIDOWED, D	ARRIED MEB.	10	9. AGE lest birthday IF UNI Months	DER 1 YEAR IF UNDER 24 HRS. Deys Hours Min.				
10e. USUAL OCCUPATION (Give I	kind of work 10b, K	IND OF BUSINESS	11. BIRTHPLACE (State or fore.		12. CITIZEN OF WHAT				
done during most of working	life, even if O	OR INDUSTRY	2		COUNTRY?				
15 All Eguip Ox	DERATOR CIV	IL SERVICE	TENNSULI		4. J.A.				
13. FATHER'S NAME			14. MOTHER'S MAIDEN	NAME					
GEORG	_ ///	oTTs.	Effic	REAMS					
IS. WAS DECEASED EVER IN U.		16. SOCIAL SECURITY NO.	17. INFORMANT &						
	ver or detes of service)	220-30-246	E FIFLUM	POTTS. 5618 6	PARUILLE ANI				
		18. MEDICAL CE	RTIFICATION	70.0670	I INTERVAL BETWEEN				
I DISEASES OR CONDITIONS DIR	ECTLY LEADING TO DEATH	0			ONSET AND DEATH				
420 / IMMEDIATE CAUSE	(A)	Corenar	4- Occli	usson	10 min;				
ANTECEDENT CAUSE DISEASES OR CONDITIONS, IF		ynor tense	ne- Orter	detentes					
GIVING RISE TO THE ABOVE C STATING UNDERLYING CAUSE	AUSE	Grant	Dizeas	2	5 ifer				
II OTHER SIGNIFICANT CONDITIO TO THE DEATH BUT NOT RELAT	NS CONTRIBUTING ED TO THE	Resembia	of arthur	ē.	Markenone				
DISEASE OR CONDITION CAUSE	196, MAJOR FINDINGS	S OF OPERATION							
INE. DAIL OF OFERATION	190. MAJOR FIRDINGS	S OF OPERATION			20. AUTOPSY?				
					YES NO				
21e. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D	EATH OF INJURY street.	me, ferm, fectory, , office bldg., etc.)	21c. WHERE DID INJURY OCCU	R? (City or town) (Co	Punty) (State)				
21e. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTHEY MEDICAL EXAM 21d. TIME OF INJURY (Month)	DEATH OF INJURY street, INER)	me, ferm, fectory, , office bldg., etc.)	216. WHERE DID INJURY OCCU						

CERTIFICATE OF DEATH

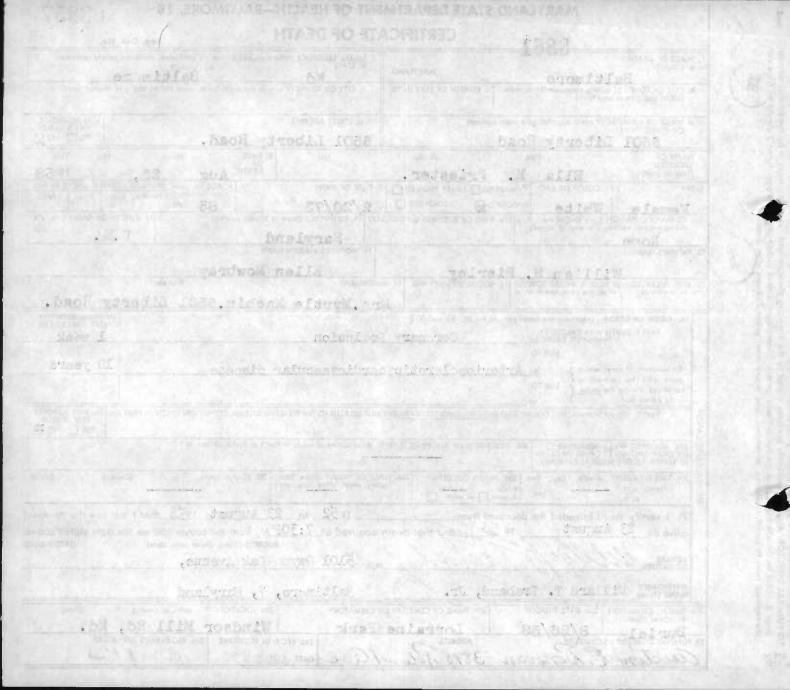
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

VS A1S (4) 1SM 9/SS 00

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

9961	CERTIFICA	ATE OF DEATI	Н	Reg. Dist.	. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (W	here deceased lived. If ins b. COU		
CITY OR TOWN (If outside corporate limits, writ RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, wr	ite RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street or institution 6501 Liberty Roa		d. STREET ADDRESS	aty Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Ella M	Middle	Lost	4. DATE OF DEATH AND	Month 23	Day Year 19 58
S. SEX 6. COLOR OR RACE 7. M.	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH 2/20/73	9. AGE (In y. lost birthd		YEAR IF UNDER 24 HRS. Days Hours Min.
100. USUAL OCCUPATION (Give kind of work done 1 during most of working life, even if retired)			or foreign country)	12. CITIZ	EN OF WHAT COUNTR
None 13. FATHER'S NAME W111am H. F 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) [If yes, give wor or dates of service]	16. SOCIAL SECURITY NO. 17. I	14. MOTHER'S MAIDEN I	name n Mowbray	Address	tv Road.
gove rise to immediate				<u> </u>	INTERVAL BETWEEN ONSET AND DEATH 1 week 10 years
Coese (o), stoting the under DUE TO lying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT				1(o) 19. WAS AUTOPSY PERFORMED? YES NO
Hour o.m. Wh	d. INJURY OCCURRED 20e. PL	ACE OF INJURY (Home, fare actory, street, office bldg., etc.	n, 20f. (City or town)	(Co	ounty) (Stote)
21. I certify that I attended the decealive an 23 August 19 ACTUAL SIGNATURE MILLIARY TO Trab	258 and that death	m.D. 5101 Gwyn	23 August, 19 P.M., from the caus ADDRESS (Street, city or the Dak Avenue 7. Warylan	es and on the own, state)	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, to Windsor M	own, or county)	(Stote)
Bundal 8/26/58 23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS PA	24a. REC	D BY REGISTRAR 24b.	REGISTRAR'S SIGN	NATURE



VS A15 (4) 15M 9/55

MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
8862	CERTIFICATE	OF	DEATH	Re

08858 Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Balt	imore	MARYLAND	2. USUAL RESI	DENCE (Where decease	d lived. If institutio b. COUNTY	Balto	
b. CITY OR TOWN (If outs RURAL and give neorest Catons ville	town)	c. LENGTH OF STAY IN 16	c. CITY OR	FOWN (If outside corporation 28	orote limits, write RL	JRAL and give ne	
d. NAME OF HOSPITAL (III OR INSTITUTION 563	f not in hospital, give street of Johnnycal		d. STREET A	ohnnycake	Road		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First Rosario	Middle	Proven	OF	Mont Aug	00 -0	
9. //	Vhite 7. MARR	TIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRT	2,1867	9. AGE (In years lost birthday) 90 yrs.	Months Doys	Hours Min.
10a. USUAL OCCUPATION (C during most of working li Retired ru 13. FATHER'S NAME	ife, even if retired)	t. Own Busin	ness	Italy MAIDEN NAME	country)	12. CITIZEN C	• A •
15. WAS DECEASED EVER IN		SOCIAL SECURITY NO. 17.	INFORMANT (wife) Provenza	Addr. 5631 J		ke Rđ.
Conditions, if any, y gove rise to imme cause (a), stating the y lying couse lost. PART II. OTHER S	diate DUE TO (c)	CONTRIBUTING TO DEATH BU	T NOT RELATED TO) THE TERMINAL DISEA:	SE CONDITION GIVE	EN IN PART 1(o)	IP, WAS AUTOPSY PERFORMED? YES □ NO 【
PART II. OTHERS OR CONTRIBUTING CIFE EITHER, NOTIFY MED	NDERLYING 20b. DESC CAUSE OF DEATH ICAL EXAMINER)	CRIBE HOW INJURY OCCURR	ED. (Enter noture o	of injury in Port I or Po	rt II of item 18.)		
20c. TIME OF INJURY A Hour a. m. p. m.	Aonth, Day, Year 20d. II While at wor	Not while fo	LACE OF INJURY octory, street, office		y or town)	(County)	(State)
alive on	attended the decease 122, 19 of Parks Reph R. 11b		h occurred at	M, fro ADDRESS (S B Bank St	m the causes a Street, city or lown, s	nd on the do	2/58 DATE SIGNE
20. BURIAL, CREMATION, REMOVAL (Specify) Burlal	Aug. 26/58	New Cathed	or CREMATORY		timore".2		(Stote)
With Bregging 4101 Edmond	NAME Directo	rsaddress		DATE AUG 2 6	100	Lithun 8. H	

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8863	CERTIFICATE	OF DEATH

Reg. Dist. No. 08859

					
PLACE OF DEATH			2. USUAL RESIDENCE (V		
	timore	MARYLAND		d 6. COUNTY	1
b. CITY OR TOWN (If RURAL ond give ne	outside corporate limits, write arest lown)	c. LENGTH OF STAY IN 16		f outside corporate limits, write I	- V
				re 3	VO1-4
d. NAME OF HOSPITA	AL (If not in hospital, give stree	t oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Vet			1826 Hop	The state of the s	YES NO Z
I. NAME OF DECEASED (Ser (Type or print)	ved as _{MILTON}	Middle F.	RAGLAND')" RAGLAND	OF	
S. SEX	6. COLOR OR RACE 7. MAR	RIED TO NEVER MARRIED	8. DATE OF BIRTH	9. AGE (in years	IF UNDER 1 YEAR IF UNDER 24 HRS.
Male	Colored WIDOW	VED DIVORCED	1 / 3	395 63 yrs.	Months Days Hours Min.
On. USUAL OCCUPATIO	N (Give kind of work done 10b	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stot	te or foreign country)	12. CITIZEN OF WHAT COUNTRY
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112772 D-	-7 3		7. 31 - D-		
		COCIAL CECURITY NO. 117			
	If yes, give war or dates of service)				
Yes	WW I	48-05-4303	lin.Rec., Vet.	Adm. Hospital, F	t. Howard, Maryland
18. CAUSE OF DEA	TH [Enter only one couse per l	ine for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEAT	TH WAS CAUSED BY:	ENERALTZED CAT	RCTNOMATOSTS		ONSET AND DEATH
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	mediate	MADIATO CARCINO	JUA		k YEARS
) (c)				
PART 11. OTH	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TER	MINAL DISEASE CONDITION GI	VEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
3					YES NO
20a. ACCIDENT WA	S UNDERLYING 206. DE	SCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in	n Port 1 or Part II of item 18.)	
	MEDICAL EXAMINER)				
20c. TIME OF INJURY		7 4	LACE OF INJURY (Home, for	rm, 20f. (City or town)	(County) (State)
p. m.		IAOI MIIII6	ociory, meer, office blog., e		
	-A70 -A4 J- J Ab - J	July 13	10 58 A1	1011et 6 1058	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
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alive on	manning the second	and that deal	h occurred at 9:50	JAM, from the causes	and on the date stated above
1.	1 - 117 -			ADDRESS (Street, city or town,	stote) DATE SIGNED
SIGNATURE	Men V	Pil	M.D. VAH, FT.	HOWARD, MARYLA	ND 8/6/58
BUNGICIA NIII	0.00.	jui			
PHYSICIAN'S	THE THE TAX 3	T D	VA HOSPI	ITAL FORT HOWA	RD MARYTAND
NAME (Type)_CH	TEN METAN M				* * * * * * * * * * * * * * * * * * *
20. BURIAL, CREMATION		22c. NAME OF CEMETERY		22d. LOCATION (City, town,	
20. BURIAL, CREMATION REMOVAL (Specify)			OR CREMATORY		or county) (Stote)
20. BURIAL, CREMATION	N. 226. DATE THEREOF. 8/1/58	22c. NAME OF CEMETERY Baltimore ADDRESS	OR CREMATORY	Baltimore, M	or county) (Stole)
70. BURIAL CREMATION REMOVAL (Specify) Burial	S SIGNATURE	Baltimore	OR CREMATORY National Cem. 340, RE	Baltimore, M	or county) (Stote)
1	b. CITY OR TOWN (III RURAL ond give ne FOT d. NAME OF HOSPIT. OR INSTITUTION Vet. 3. NAME OF HOSPIT. OR INSTITUTION Vet. 3. NAME OF HOSPIT. OR INSTITUTION Vet. 5. SEX Male 10a. USUAL OCCUPATION during most of work Cement Wor. 3. FATHER'S NAME William Ra S. WAS DECEASED EVER. (Yes. no. or unknown) Yes 18. CAUSE OF DEAN PART 1. DEAN PART 1. DEAN PART 1. DEAN PART 11. OTH Conditions, if or gove rise to in couse (o), stoting to lying couse lost. PART 11. OTH 20a. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY 1. DEAN PART 11. OTH PART	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) Fort Howard d. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION) Veterans Administ J. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION) Veterans Administ J. NAME OF HOSPITAL (If not in hospital, give stree OR INSTITUTION) J. S. SEX J. G. COLOR OR RACE Male Colored WIDOW J. S. SEX J. G. COLOR OR RACE MIDOW J. S. SEX J. G. COLOR OR RACE MIDOW J. S. SEX J. G. COLOR OR RACE MIDOW J. S. ARMED FORCES? J. S. WAS DECEASED EVER IN U. S. ARMED FORCES? J. S. WAS DECEASED TO	Baltimore b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) Veterans Administration Hospital 3. NAME OF HOSPITAL (If not in hospital, give street address) Veterans Administration Hospital 6. COLOR OR RACE Male Colored WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gement Worker 3. FATHER'S NAME William Ragland S. WAS DECEASEDEVER IN U. S. ARMED FORCES? (14) yes, give wor or dotes of service) Yes WW I 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 200. TIME OF INJURY Month, Doy, Year ON Work of	D. COUNTY Baltimore B. CITY OR TOWN (If outside corporate limits, write B. CITY OR TOWN (If outside corporate limits, write B. CITY OR TOWN (If outside corporate limits, write Fort Howard C. CITY OR TOWN (If Baltimore B. CITY OR TOWN (If Baltimore C. CONTRIBUTING IN CITY C. CITY OR TOWN (IF Baltimore C. COLOR OR TAKE T. MARRIED IN NOISE Baltimore RAGLAND Baltimore RAGLAND R	b. CIVY OR TOWN (If outside corporate limit, write BURAL ond give nearest brown) FORT HOWARD A. NAME OF HOSPITAL (If not in hospital, give street oddress) A. NAME OF HOSPITAL (If not in hospital, give street oddress) A. NAME OF HOSPITAL (If not in hospital, give street oddress) A. NAME OF HOSPITAL (If not in hospital, give street oddress) A. NAME OF COLOR OR RACE A. NAME OF COLOR OR RACE A. NAME OF MITTHON MITTHON A. DATE Middle RAGLAND B. DATE OF BETH PACLAND B. DATE OF BETH PACLAND PACLAND B. DATE PACLAND PACLAND B. DATE PACLAND PACLAND B. DATE

rely filled in by the funeral director, Poges 1 and 2 should be filed with Sol or attending physician.

S certificate has been signed by the attending physician and continues as the burial-transit permit. Then please remove carbon polycematian, ar removal, and in any event within 72 hours after death moy be retained by the hasp to TO FUNERAL DIRECTOR: After page 3 should be detached to the registrar prior to burial, cre

VS A15 (4) 15M 9/S5

PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CEDTICICATE OF DEATH

08860

	8864		CERTIFIC	CATE OF	JEAIR	1		Reg. D	ist. No.		
1. PLACE OF DEATH o. COUNTY	BALTIMORE		MARYLANI	O. STATE	MARYLA		d lived. If instituti b. COUNTY	anı Reside	nce befo	re admissi	ian)
b. CITY OR TOWN RURAL ond give FORT HOW			ENGTH OF STAY IN 1		TMORE	outside carpo	rote limits, write R	URAL and	give nec	rest tawn)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, o	ive street oddre		d. STREET	ADDRESS	NDS LA	NE			e. IS RESI ON A YES	IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Fir		Middle K	RT		4. DATE OF DEATH	Mon AUG		Do		Yeor 1958
s. sex MALE	6. COLOR OR RACE WHITE	7. MARRIED WIDOWED	NEVER MARRIED DIVORCED	B. DATE OF BIRT		1896	9. AGE (In years lost birthdoy) 67 yrs.	IF UNDER			
PAINTER	ION (Give kind af work orking life, even if retired)	OF BUSINESS OR IN		IMORE	or foreign co		12. CI		F WHAT	COUNT
	RYCHWALSKI			JOSE		ZATOL	OWICZ				
IS. WAS DECEASED EV	VER IN U. S. ARMED FOR (If yes, give war or dates of s WW-1			CLIN REC	VET A	DM HO	SP FORT	HOWA	RD	MARY	LANI
HYPERTE 200. ACCIDENT W OR CONTRIBUTION	immediate DUE TO	CEREB O CEREB O CEREB O CONTROL CON		BUT NOT RELATED TO	THE TERMI	ARDIOV	ASCULAR		RT 1(o) 1	9. WAS A PERFOI	AUTOPSY
WE TIME OF INJU Hour o. m. p. m.	IRY Month, Doy, Yes	While	Not while at work	PLACE OF INJURY foctory, street, offic	Home, form, e bldg., etc.)	or town)	((County)		(Stote
ACTUAL SIGNATURE	hatWattended the	Deli	EURUSU	M.D. VA	8. 10_Au 3:05 H, Fo:	DM, from	reet, city or town, vard, Mar	ind on t	he do	te stote DA	ed obo
220. BURIAL, CREMATION REMOVAL (Specify BURTAT.	ON, 226. DATE THEREO	58 SI	STANISTA				ION (City, town, o	or county)	UND	(Stote	
Mc Cully	R'SSIGNATURE Tuneral Hon	NO 13	ADDRESS OE. FMT	- Ane	240. REC'E	P 3 '5	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	STRAR'S SI			× (1)

ely filled in by the funeral director, Pages 1 and 2 should be filed with PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page the attending physician and cor Then please remave carbon pay may be retained by the hospi TO FUNERAL DIRECTOR: After page 3 should be detached to the registrar priar to burial, VS A15 (4) ISM 9/SS

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James L McCully 237 Patapsco Ave Baltimore 25 Md

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	or other		

VS A15 (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	1	ê
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RRGE CERTIFICATE OF DEATH

	Keg, Dist, No.
1. PLACE OF DEATH o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Marvland
b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	
Fort Howard 5 Days	Baltimore 3/0/-4
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION	d. STREET ADDRESS o, IS RESIDENCE ON A FARM?
Veterass Administration Hospital	2012 N. Fulton Avenue
3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year
(Type or print) ALBERT	ROBERSON DEATH August 20 1958
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	December 24,1900 57 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU	
during most of working life, even if retired)	Meridian, Mississippi U.SA.
Repairman Television 3. FATHER'S NAME	, , , , , , , , , , , , , , , , , , , ,
J. PATHER'S NAME	14. MOTHER'S MAIDEN NAME
Unknown	Nancy Roberson
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	lin.Rec., Vet. Adm. Hospital, Ft. Howard, Maryland
1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: CONCERNITIVE THE ADD	FAILURE S DAYS
123×	FAILURE 5 DAYS
DUE TO SYPHILITIC AORT	IC INSUFFICIENCY UNKNOWN
Canditians, if any, which (b) (SYPHILITIC	HEART DISEASE)
gove rise to immediate couse (o), stoting the under-	
lying couse lost. (c)	
PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO G
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature af injury in Port I or Part II of item 18.)
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CAUSE OF CONTRIBUTING CAUSE OF CA	
	ACE OF INJURY (Home, farm, 20f. (City or town) (Caunty) (State)
Hour a.m. While Not while fo	ctory, street, office bldg., etc.)
21. I certify that tattended the deceased from August 1	5 158 to August 20 1958 JAKKKAXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
alixed and XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	occurred at 2:30A M, from the causes and on the date stated above
	ADDRESS (Street, city or town, stote) DATE SIGNE
ACTUAL Vousice treem an	M.D. VAH, FORT HOWARD, MARYLAND 8/20/5
SIGNATURE	m.vvair, rour iterative protestimine
PHYSICIAN'S NAME (Type) IRVING FREEMAN, M.D., Chief, M.	edical Service
220. BURIAL (SPECIFY) REMOVAL (Specify) Burial 22b. DATE THEREOF 8/25/58 Baltimore Na	(5.5.4)
11 1 1 1 1 1 2 1 2 1 2 2 2 2 2 2 2 2 2	
	tional Cemetery Baltimore, Maryland
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

		ADEMIES DATE	
		1000	HODE OF SALES
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			Branch State

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1. PLACE	OF DEATH OF	sewood S	tat	e ir	aining	, bene	TOT	USUAL RESI	DENCE (WI	nere deceased	lived. If instituti	on: Reside	ence befo	re admisi	sion)
6. COU	Balt	imore				MARYL	AND	a. STATE	Marv]	and	b. COUNTY	Al	lega	nv	
b. CITY	OR TOWN (II	autside carporal	e limit	, write	c. LENGTH	OF STAY II	N 1b	c. CITY OR	-		rate limits, write R		(Page	-	n) 🔻
Owing	s Mill	orest town) B. Maryl	and		20	yrs.		West	erno	ort. M	aryland	0	143	2.	
d. NAM	NE OF HOSPITA	AL (If nat in hasp	ital, gi	ve street				d. STREET A			,,			e. IS RES	SIDENCE A FARM?
Rose	wood S	tate Tra	ini	ng S	chool										NO 📑
3. NAME DECEAS			Firs	1		Middle		Las	st	4. DATE OF	Mor	ith	Do	iy	Year
(Туре о	r print)		con					Roderi		DEATH	8		1	4	19
5. SEX		6. COLOR OR F	ACE	7. MARR	IED NEVE	ER MARRIEL	8.	DATE OF BIRTI	Н		9. AGE (In years lost birthday)	Months Months		1	ER 24 HRS.
Ma	le	White		WIDOWI	ED 🔲	DIVORCED		5/31/	27		31 yrs.	Months	Days	Haurs	Min.
10a. USUA	L OCCUPATIO	N (Give kind of ing life, even if r	wark d	ane 10b.	KIND OF BU	SINESS OR	NDUSTR	Y 11. BIRTHPL	LACE (Stote	ar foreign co	iuntry)	12. C	ITIZEN C	F WHAT	COUNTRY
		mg me, even a v	unicoj					West	Virg	inia			U	S.A	
13. FATHER	S'S NAME							14. MOTHER'S	MAIDEN N	NAME					
I	eonard	Carl Ro	der	ick	(dead)		1117	Edna	May	Seller	rs				
	ECEASED EVER	IN U. S. ARMEL	FORC	ES? 16.		URITY NO.	17. INF	ORMANT			Add	ress			
no		-			d== 100	10 PTD	Ro	sewood	Recor	rds					
18. C	AUSE OF DEA	TH [Enter anly a	ane cau	se per li	ne for (o), (b)	7004 (c).]	of t	the com	rei on l	wonte	bree (5	0. 6	NINT	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED	BY:	wit	a comp	ressi	on of	the s	pinal	cord	C) gard	60 0	OJON	SET AND	DEATH
7	30,2		JE TO							4				200	001
	ditians, if ar	y, which)	(1-)	(Sta	phloco	cous	Aurei	us (Hem	olvti	c)				2+ m	108.
gove	rise to in	nmediate (JE TO	100	72224	-		111011						2 10	000
	(o), stoting to	he under-	(c)												
NO	PART II. OTH	ER SIGNIFICANT	CONE	ITIONS (ONTRIBUTIN	IG TO DEAT	TH BUT NO	OT RELATED TO	THE TERMI	NAL DISEASI	CONDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
ATIC														PERFO	RMED?
20g. A	CCIDENT WA	SUNDERLYING	api								y of hea			TES EM	NO []
OR CO	HER. NOTIFY	S UNDERLÝÍNG (CAUSE OF DI MEDICAL EXAMI	EATH NER)				COMED.	Line: naiore a	,	. urr urr urr			-		75
		Month, Doy		204 1	NJURY OCCU	RRED 2	20e. PLACI	E OF INJURY (Home form	20f /Ciby	or town)		(County)		(State)
	Hour a.m.		19	While	Nat wh	ile	factor	y, street, affice	e bldg., etc	.) ;	or rown,		(County)		(State)
	p. m.			ot wor		7/10	/38			8/19/6	R				
	8/	at I attended	the	deceas		17 201		, 19	, to	5/12/5		,that I	last so	aw the	decease
alive	on	11/10		_, 19	, ai	nd that a	death o	ccurred at		M, from	the causes o	and on	the da	te state	ed above
ACTU	M 1	/	_ /	/	2 1	1	,	//	2	ADDRESS (SI	reet city or town,	state)	. /	0/31	ATE SIGNE
SIGNA	TURE	rarry	1	7. /	Jug	ien	M.I	D 4	win	75	Mal	3 /	uns	0/1	27.20
PHYSH	CIAN'S (Type)			15		71									
22a. BURIA REMO	L. CREMATION	y. 22b. DATE TH	HEREOI	2/	225 NAME	OF CEMET	TERY OR C	REMATORY		22d LOCAT	TON (City, tawn,	oy county)	- N	/ (Stat	(e)
23. FUNER	AL DIRECTOR'S	SIGNATURE	1	Pin.	ADDRE	55	you	P	240 PEC:	D BY REGIST	RAR 24b. REGI	STPAD'S S	IGNATU		
Ba	1 00	1	TY.	000	14/0	-	· ·	+M1		C 1 O IC	//	71 - 0			

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital of attending physician.

O FUNERAL DIRECTOR: After the certificate has been signed by the attending physician and comp page 3 shauld be detached for use as the burial-transit permit. Then please remove carban paper the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours after death. TO FUNERAL DIRECTOR: After I

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VS A15 (4) 15M 10/57

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FOR STATE HEALTH DEPT.

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a. If any delay is necessary, please at 3 to the funeral director. Page y be retained far your files.

The State Baard of Health, buts after death. Fig. This certificate should be executed within 24 hours after death. The ward "pending" in pencil in Item 18. Give Pages 1, 2, and Linef Medical Examiner's Office along with form PMA? Page 2. 3 should be used as a burid-transit permit. File pages 1 and 4. 10 burid, cremetion, ar removal, and in any feel within 72 hear. or its designated agent, prior TO DEPUTY MEDICAL EXAMIN execute the certificate, writing 4 should be forwarded to the TO FUNERAL DIRECTOR: Pog-

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

08865 Dist No

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8750

									neg. b	1311, 110	•
1. PLACE OF DEATH G. COUNTY Ba	ltimore	4	MAR	YLAND	2. USUAL RES			sed lived. If instit b. COUN		timo	
and give nearest to	If outside corporate fimits, writen undalk	RURAL	c. LENGTH OF STAY	IN 16	Landin .	TOWN (IF		porote limits, write	RURAL and	d give n	eoresi town)
d. NAME OF HOSP	ITAL OR INSTITUTION (If not in ho	spitol, give street addre	155)	d. STREET A		endri	cks Ct.			e. IS RESIDENCE ON A FARM
3. NAME OF DECEASED (Type or print)	Fir WILL	TE .	Middle Emmit		OULHAC		4. DATE OF DEATH	Augus		Doy 19	Yeor 19 58
5. SEX	6. COLOR OR RACE Colored	7. MARRI	DIVORCED	-	DATE OF BIRTH			9. AGE (In years last birthday) 22 yrs.	Manths	1YEAR Days	Hours Min.
nandyr	NON (Give kind of work ing life, even if retired)	done 10b.	KIND OF BUSINESS OR	INDUST		Ba.	lto.		12. CIT	IZEN OI	WHAT COUNT
13. FATHER'S NAME	Willia	D 7			14. MOTHER'S						
15. WAS DECEASED E	Willie VER IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO	. 17. 11	FORMANT	rey	Willi	Address	1		
jrat, no, ar unknown;	(If yes, give war at dates of	service)		Au	drev Ro	oulha	a.c	113	Hend	rix	Ct
Canditians, if gave rise to imm (a), stating the cause last.	underlying DUE TO		Aortic Ster								
3	THER SIGNIFICANT CON	DITIONS	ONTRIBUTING TO DEAT	TH BUT N	OT RELATED TO	THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PAR		PERFORMED?
200. EXTERNAL C. PRIMARY Or CO CAUSE OF DEATH	AUSE WAS ONTRIBUTING []	b. DESCRIE	BE HOW INJURY OCCU	RRED. (E	nter nature of inj	jury in Port	l ar Part II	of item 18.)			
20c. TIME OF INJ Hour o. m p. m		Whil		20e. PLAC facto	E OF INJURY (Hory, street, office	lome, farm bldg., etc.)	20f. (Cit	y or lown)	(Co	unly)	(Stote
	that I took charge h resulted from:		-], Suicide	, F	domicide	, Undet	, Inquir	, –	and in m
EVA MANERIA	Russell S.	Fishe	r, M.D.		ASSISTAN		AL EXAMINE		8/	20/5	58
REMOVAL (Specif	40-04-	58	22c. NAME OF CEME	all all	CREMATORY	24- PECIF		TION (City, town.	600	j	(Slate)
23. FUNERAL DIRECTO	L) W. SI	eller	van der	13	alto	DANUG	2 1 '58		Lun 2 1		t

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MARYLAND	STATE DEPARTMENT	OF HEALTH-BALTIMORE,	18
0000	CERTIFICATE	OF DEATH	

	8869	CERTIFICA	ATE OF DEATH	Reg. Dist. No	.08866
	PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where deceased live o. STATE Maryland	b. COUNTY D / 1 .	fore admission) mone
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give paarest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate 55 Towson	limits, write RURAL and give no	earest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 7031 Kenleig	oddress) gh Road	d. STREET ADDRESS	Road	e. IS RESIDENCE ON A FARM? YES NO CO
3.	NAME OF DECEASED (Type or print) Mrs. Minnie	Middle	Ruttin 4. DATE OF DEATH	August 20t	h 19 58
5.	1 1 1	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9.1 June 24, 1884	AGE (In years of UNDER 1 YEAR of birthdoy) 74 yrs. IF UNDER 1 YEAR Months Doys	AR IF UNDER 24 HRS. Hours Min.
	Y. USUAL OCCUPATION (Give kind of work done 10b duping most of working life, even if retired)	. KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or foreign country Knoxville, Ter	11	OF WHAT COUNTRY?
	Joseph E. Frazier		Ida B. Crabtree	2	
	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (If yes, give wor or dates at service)		Mr. G. H. Carden,	, 7031 Kenle	igh Road
	18. CAUSE OF DEATH [Enter only one cause per limited processes of the part of	ine for (a), (b), ond (3).}	e Failure	N	ITERVAL BETWEEN NSET AND DEATH
CERTIFICATION		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CO	ONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
	206. ACCIDENT WAS UNDERLYING A 20b. DES OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Port I or Port II o	f item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Vol. Hour o. m. 19 While of wo	Not while for	ACE OF INJURY (Home, form, 20f. (City or tory, street, office bldg., etc.)	town) (County	(Stote)
	21. I certify that I attended the deceodative an fill 20, 19 actual SIGNATURE PHYSICIAN'S NAME (Type) Laurence (-0	M.D. 6805 York 1		saw the deceosed ote stated above. DATE SIGNED 8/21/58
220	BURIAL, CREMATION, 126. DATE THEREOF BURIAL (Specify) 8/25/58	Forrest Hi	R CREMATORY 22d. LOCATION U Cemetery (hat	(City, town, or county) tanooga, Ten	(Stote)
23. 	funeral director's signature eonard J. Ruck 5305	Harford Road	#14 DATE AUG 2 5 '58	246. REGISTRAR'S SIGNATE Orthun S. Kus	

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G. H. Carden, 1831 Kitch Star South	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 8871 CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whese deceased lived. If institution: Residence before admission) a. COUNTY Filed b. COUNTY MARYLAND b. CITY OR TOWN if gutside corporate limits, write c. LENGTH OF STAY IN 16 OR JOWN of outside corporate limits, write RURAL and give nearest town) c. CITY RURAL ond give Pin d. NAME OF HOSPITAL (If not in hospital, give street address), STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO 3. NAME OF First Middle DATE Year DECEASED OF DEATH (Type or print) 6. COLOR OF RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In/years Months WIDOWED [DIVORCED [7 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND, OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign country) 12. CITIZEN OF WHAT COUNTRY? death. aring most of working life, even if retired) ofter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? SOCIAL SECURITY NO. INFORMANI Address (If yes, give wor or dates of service) 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 1.00% DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. While Not while at work of work p. m 31. 1950 that I last saw the deceased 21. I certify that I attended the deceased from fc/f-M, from the couses and on the date stated above. and that death accurred at TO FUNERAL DIRECTOR: page 3 shauld be detac ADDRESS (Street, city or town, stofe) ACTUAL SIGNATURE NAME (Type) 220. BURIAL, CREMATION, 220 NAME OF CEMETERY OR CREMATORY 22b. DATE THEREOF 22d AQCATION Kity, town, or county (State) 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8873 CERTIFICATE OF DEATH Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission)

-	0060	Reg. Dist. No.
1.	1. PLACE OF DEATH O. COUNTY CLASSIC MARYLAND 2. US O.	STATE Marvard b. COUNTY Batting Of The No. 1
Γ	KUKAL and give nearest fown)	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
-	OR INSTITUTION (LL 1	STREET ADDRESS e. IS RESIDENCE ON A FARM?
3.	3. NAME OF DECEASED POST First Middle	Sal ton M GY CA. DATE 3/ Michigal Cull Day Year
L	(Type or print) 10 and 5ched	Kolls DEATH August 3), 1958
5.	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE WIDOWED DIVORCED	9. AGE (In yors IF UNDER I YEAR IF UNDER 24 HRS. 1011 birthdoy) Wonths Doys Hours Min.
10	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 during most of working life, even if retired)	I. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY? 13. A
13		MOTHER'S MAIDEN NAME AGAGE GOVERNOR CONTRACT AGAGE AG
15 (Y	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORM (Yes, no of unknown) (If yes, give wor or dates of service)	ANT Haze Knight
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cereb ra	hrom bosic Christ GIATIBRIAL RESIDENT
	DUE TO	
	Conditions, if any, which gove rise to immediate cause (a), stating the <u>under-lying cause last.</u> Conditions, if any, which (b) (b) DUE TO (c) (c) (c)	
NO.		ELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
Ĩ.	3 seleirophienie	lalyon YES NO (1)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RE CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	r nature of injury in Part I or Part II of item 18.)
MEDICAL	ZOC. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not white of work of work	INJURY (Home, form, 20f. (City or town) (County) (State)
	21. I certify that I ottended the deceased fram. July 2hd,	19.58, to August 3/ 1958, that I last saw the deceased
	alive an August 3119 58, and that death accur	rred at 6.554 M, from the causes and on the date stated above.
	SIGNATURE Bruce Ladaus Kano,	prive Grove St. HODITAL 8/31/58
	PHYSICIAN'S BRUNG RADAUSKAS	1 Catarrille Med
22	220. SURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9/4/1958 New Cathedral ((6.6.6)
23	23. EUNERAL DIRECTOR'S SIGNATURE 4600 Liberty Hights. Ave	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Cuscour conacos.	DATE SEP 3 '58 arthur S. thous
1	Her & Saurdens	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

recentificate has been signed by the ottending physicion and comfouse as the burial-transit permit. Then please remove corban pagaremention, or removal, and in any event within 72 hours after death.

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TO FUNERAL DIRECTOR: After
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the registror prior to burial, cre

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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N			MARYL	AND	STATE DEPARTA	MENT OF HEAL	ГН—ВА	LTIMORE, 1	8		
1			8876	5	CERTIFIC	ATE OF DEAT	TH		Reg. Dist. 1	No. 1)8	8873
-	L		altimore		MARYLAND	2. USUAL RESIDENCE (Where deceo	sed lived. If institution b. COUNTY	on: Residence b	efore admis	iion)
	199	RURAL and give n	If outside carporate limit earest town)	ls, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corp	porate limits, write R	URAL and give	nearest town	n)
1		Caton	sville		2mths23dys	Baltimo	re		3V0	1-6	1
11		I. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street o	oddress)	d. STREET ADDRESS				e. IS RES	SIDENCE A FARM?
+		SPRING G	ROVE STATE	HOS	SELTAL	135 S. Id	ndon A	Avenue			NO.
		NAME OF DECEASED Type or print)		ılah	Middle Stephens	Schrade	4. DATE OF DEAT	A	22,		Yeor 19 58
	5. 5	_		7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In Years	Months Doy		
		emale	white	WIDOWE		Oct. 11, 1	-	last birthday) 74 yrs.	Monins Day	s Hours	Min.
		proof	ON (Give kind of work of king life, even if retired) -reader	100	· · · · · · · · · · · · · · · · · · ·	Ting Maryla	nd	country)		S. A.	COUNTRY
	13.	FATHER'S NAME				14. MOTHER'S MAIDE	NAME				
			L. Stephens	-		Susanna	Lee				
	15. (Yes		R IN U. S. ARMED FORG	ervice)	213-14-8750	INFORMANT		Addr			
		no				cords: SPRII	IG GRO	OVE STATE			
			ATH [Enter only one car	/4	0	0	. 0	1_		NTERVAL BE	
		22/V	TH WAS CAUSED BY: IMMEDIATE CAUSE (6)		erebro van	cular ac	cide	ent		rece	
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	L CERTIFICAT	20g. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURR	ED. (Enter nature of injury	in Part I ar Pa	art 11 of item 18.)			
	MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yea	20d. IN While at wark	Not while fi	LACE OF INJURY (Home, for actory, street, office bldg.,	orm, 20f. (Ci	ity or town)	(Coun	(עי	(State)
		21. I certify th	at I attended the	decease	d from Aug. 2		Aug. 2		.,that I last	saw the	decease
		alive on_Au	g. 22	, 19	od, and that deat	h occurred at 11.	PM, fro	om the causes a	ind an the o	date state	ed abave
			7)	1				Street, city or town,		D/ D	ATE SIGNE
		ACTUAL SIGNATURE	mino	K	avaine	SPRING	GRO VE	STATE H	HOSPITAL	5/28	1/195.
1		PHYSICIAN'S B	RUNO K	AD,	AUS'KAS		ille 2	B, Marylar	nd	/ 8/2	23/58
	220	BURIAL, CREMATIC REMOVAL (Specify)	ON, 226. DATE THEREO Aug. 26,	1958	22c. NAME OF CEMETERY	Park.	226. 100	ation (City, town, o	Mary	Can	e)
	23.	FUNERAL DIRECTOR	- Schu	rab	Box O. J. Az	240. RI	AUG 2 6	STRAR 24b. REGIS	other 8. 4	TURE	
	-	35/27	ud ave	129	1 0						
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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			CERTI	IICA	L OI DLA			Reg. Di	st. No.		
1. PLACE OF DEATH a. COUNTY	Baltimore		MARY	- 11	o. STATE Mai	(Where deceos ryland	ed lived. If institu b. COUNT		Balt		ian)
RURAL and give no	f outside corporate lime corest town) atonsville	ls, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN	(If oulside corp	orote limits, write	RURAL and	give nea	rest town)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, s 1801 Nar				d STREET ADDRES	Narber	th Rd.		•		FARM?
3. NAME OF DECEASED (Type or print)		ank	Middle Thoma		Schuman	4. DATE OF DEATH		inth	Day		Year 19 58
s. sex	W	WIDOWE			June 2, 1		9. AGE (In years lost birthday)		1 YEAR Days	Hours	Min.
	ON (Give kind of wark king life, even if retired Hoch . Kohn	dane 10b.	KIND OF BUSINESS OF	R INDUSTR	11. BIRTHPLACE (S		country)	12. CI1	IZEN O	F WHAT	COUNTRY
13. FATHER'S NAME					14. MOTHER'S MAID	EN NAME					
Geor	ge Schuman			-57	Rosa	Schultz					
15. WAS DECEASED EVE (Yes. no. or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO.	17. INFO	Family		Ad	dress Sam	le		
PART I. DEA HAAAA Conditions, if or gave rise to it cause (a), stoting lying cause last.	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO ny, which (b) mmediate the under- (c))	Hearte Hearte Heart Dege	her	toil u	c Co	ngest drt 1), Jr.	ONSI	RVAL BE	DEATH
200. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER		ONTRIBUTING TO DEA					VEN IN PAR	T 1(a) 19		AUTOPSY RMED? NO
20c. TIME OF INJUR Hour a. m. p. m.		20d. IN While at work	Nat while	20e. PLACE factor	OF INJURY IHome,	farm, 20f. (Cit	y or tawn)	-0"	County)		(State)
ACTUAL SIGNATURE	at I attended the	7. 12 7. 12	history	M.E	1303 Cdt		the causes street, city or town			e state	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	8/12/58	F }	Cedar Hi		m.	Br	TION (City, town, Ooklyn, M	d.		(State	:)
23. FUNERAL DIRECTOR. McCully Fur		130	E. Fort Av	e.	24a. I	RECIDING REGIS	TRAPS 246 REG	ISTRAR'S SIC	SNATUR		

MARTIAL STATE OFFARTMENT OF HEALTH-BALTHARDS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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Reg. Dist. No	ъ.

		CERTIFIC	AIL OI DLAII		Reg. Dist. No.	
PLACE OF DEATH O. COUNTY	Baltimore	MARYLAND	O STATE 3.6	h co	nstitution: Residence before DUNTY Baltimor	
RURAL and give ne	f outside corporate limits, we corest town) erry Hall	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If a	outside corporote limits, v	write RURAL and give near	est town)
d. NAME OF HOSPIT	AL (If not in hospitol, give s	treet oddress)	d. STREET ADDRESS	Carlisle A		IS RESIDENCE ON A FARM? YES NO TX
3. NAME OF DECEASED (Type or print)	First Virginia	Middle D.	Seibold	4. DATE OF DEATH	Month Doy Aug. 18.	Yeor 158
Female	7870 0 .	MARRIED NEVER MARRIED DOWED DIVORCED	B. DATE OF BIRTH March 3. 191	9. AGE (In lost birth	years IF UNDER 1 YEAR	
10a. USUAL OCCUPATIO	ring life, even if retired)	10b. KIND OF BUSINESS OR IND Plumbing & hear	OUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	WHAT COUNTR
13. FATHER'S NAME			14. MOTHER'S MAIDEN I	NAME		
Thomas	s Lee Downing		Clara Davi	S		
	R IN U. S. ARMED FORCES? (It yes, give wor or dates of service)		r. Herman J. S	eibold 910	Address 9 Carlisle	Ave.
Conditions, if or gove rise to it couse (a), stating lying couse lost.	the under-	Tareinomator	ais guerden ?	o genous &		6-8 w
3 aner	nia sec	to 10 th and a to the second	on mudrite	dry' !		WAS AUTOPSY PERFORMED? YES NO
	S UNDERLYING (20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW NURY OCKUR	RED. (Enter noture of injury in	Port I or Port II of item 1	18.)	
20c. TIME OF INJUR Hour o. m. p. m.	, W	Od. INJURY OCCURRED 20e. (/hile Not while work of work	PLACE OF INJURY (Home, forn foctory, street, office bldg., etc	n, 20f. (City or town)	(County)	(Stote)
actual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the dec	14yl		. [9]	9 state 1 last savings and an the date town, state)	
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	Aug. 21,195			22d. LOCATION (City,		(Stote)
23. FUNERAL DIRECTOR	s signature	74/11 Relay	i Ale DATEUG	D BY REGISTRAR 24b	arthur S. Kraus	

SICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4. may be retained by the haspital certificate has been signed by the ottending physician and compage 3 should be detoched for use as the burial-transit permit. Then please remove corbon pape the registrar prior to burial, crematian, ar remaval, and in any event within 72 hours, when records TO HOSPITAL OR ATTENDING PU may be retained by the haspital OF FUNERAL DIRECTOR: After 12(*) page 3 should be detoched for the page 3 sh

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH TH DEPT 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) PLACE OF DEATH o COUNTY MARYLAND Healt C LENGTH OF STAY IN 16 c. CITY-OR TOWN (If outside corporate limits, write RURAL and give nearest town) director. 01 d. NAME OF HOSPITAL OR INSTITUTION, (If not in hospital, give street address) A STREET ADDRESS for retained NAME OF DATE Middle Month DEATH (Type or print) A COLOR OF PACE MARRIED NEVER MARRIED 9. AGE (In years 8. DATE OF BIRTH WIDOWED [DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of working life, even if refired) 11. BIRTHPLACE (State or foreign country) Page 5 2 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 17. INFORMAN 16. SOCIAL SECURITY NO. Address 18. CAUSE OF DEATH | Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO SE O Conditions, If ony, which gove rise to immediate couse DUE TO (o) stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY wsed 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. T 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) factory, street, office bldg., etc.) While Not while Hour of work of work p. m. 21. I certify that I took charge of the remains described above, held on Autopsy ... Inspection opinion death resulted from: Notural couses Accident Suicide N. Homicide should be farwarded FUNERAL DIRECTOR designated ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER

ADDRESS

Rea. Dist. No. e IS RESIDENCE ON A FARM YES TO NO TO Day Year 19 IFUNDER TYPAR IF UNDER 24 HRS Months Hours 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH PERFORMED? NO [(County) (State) Inquiry and in my Undetermined monner DATE SIGNED

(Stote)

101 VS. A15ME 5M 2/57

EXAMINER'S

NAME (Type)

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

220. BURIAL CREMATION, 226. DATE THEREOF

24a. REC'D BY REGISTRAR

DEPUTY MEDICAL EXAMINER

246 REGISTRAR'S SIGNATURE

22d LOCATION (City, town, or county)

MIDICAL EXAMINATE CENTER ATE OF BEATH ALC: MINISTER DESIGNATION OF to be a second of the second ACCOUNT OF THE PROPERTY OF THE PARTY OF THE E. 11

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8882 Reg. Dist. No. cremotio should 1 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If audide corporate limits, write RURAL and give nearest fown) 2 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS ZC NAME OF First Middle Last DATE Month DECEASED (Type or print) DEATH N 0 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years ME UNDER TYEAR last birthday) WIDOWED 12 DIVORCED | by yes. retai 2 wi 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country) 3 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) puo 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Poges 40 Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 727 Parel (If yes, give wor or dates of service) Give 06-10-086 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Conditions, if ony, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TEMMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY | or CONTRIBUTING | Exam MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, affice bldg., etc.) While Not while a. m. at work at work p. m. writing hief Me 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection 70. Inquiry 7. V mm. certificate, wm. to the Chief L DIRECTOR: death resulted from: Natural causes 17, Accident . Suicide . Homicide , Undetermined cause ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forwarded by FUNERAL ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) DEPUTY MEDICAL EXAMINER 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 0

ADDRESS

240. REC'D BY REGISTRAR

DATE ALIG 6

24b

REGISTRAR'S SIGNATUR

08879

e. IS RESIDENCE ON A FARM?

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Year

IF UNDER 24 HRS.

Hours

INTERNAL BETWEEN ONSET AND DEATH

> PERFORMED? NOF

> > (State)

and find that

DATE SIGNED

(State)

19 58

Min.

Day

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATI

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And American		1000		

21. I certify that I attended the deceased from

at work at work

... 19.0 Athat I last saw the deceased

and that death occurred at 4 P.M. from the causes and on the date stated above.

PHYSICIAN'S NAME (Type)

220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)
Burial

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, town, or county)

Charles E. Schimunek Funeral

Gardens of Faith Home

240. REC'D BY REGISTRAR DATE AUG 1 1

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FUNER/

after death.

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		April 1988	

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TO HOSPITAL OR ATTENDING PLYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

TO FUNERAL DIRECTOR: After certificate has been signed by the attending physician and comp page 3 should be detached for use as the burial-transit permit. Then please remove carbon page the registror prior to burial, cremation, or remaval, and in any event within 72 hours offer death.

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

08881

	8884	OLKIII 107	TIE OF DEATH	Re	g. Dist. No.			
	1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where o. STATE Maryland	e deceased lived. If institution: Recounty Baltimo				
	b. CITY OR TOWN (If outside corporate fimits, write RURAL and give nearest town)		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)					
)	d. NAME OF HOSPITAL (If not in hospitol, give streor, or institution #3009 Texas Ave.	eet oddress)	d. STREET ADDRESS #3009 T	exas Ave.	e. IS RESIDENCE ON A FARM? YES NO A			
	3. NAME OF DECEASED (Type or print) THOMA	Middle		4. DATE Month OF DEATH August	Day Yeor			
			B. DATE OF BIRTH	9. AGE (In years IF U	NDER I YEAR IF UNDER 24 HRS.			
	200 0 0	OWED DIVORCED	June 2, 187	lost-highday) 14-	nths Days Hours Min.			
	10g. USUAL OCCUPATION (Give kind of work done 10	Ob. KIND OF BUSINESS OR INDU			2. CITIZEN OF WHAT COUNTRY?			
	during most of working life, even if retired) Store Operator(ret)	self-employe	ed Ontario,	Canada	U.S.A.			
1	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME				
/	William Steele		Pauline	Schneyder				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? Yes. no. or unknown (If yes, give wor or dates of service)		Mr. William	Address Steele Tampa	a, Florida			
	DUE TO Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	al disease condition given II	N PART 1(o) 19. WAS AUTOPSY PERFORMEDA YES IN NO			
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRED J. INJURY OCCURRED 20e. PL	D. (Enter nature of injury in Pol					
	A Room a.m. Whi	1-	ctory, street, office bldg., etc.)	201. (City of lowin)	(County) (State)			
	21. I certify that I attended the dece alive an		accurred at Lo PLAT AC M.D. 28 /		ave.			
	REMOVAL (Specify). Perf. 4/195 23. FUNERAL DIRECTOR'S SIGNATURE	8 Loudon Fa	240. REC'D	BY REGISTRAR 246. REGISTRAR	16/aryland			
	/ Singliton	Sten Bulmie	DATE SEF	P3 '58 Chille	of S. Kraus			

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

8885 CERTIFICATE OF DEATH

(18882) Reg. Dist. No.

	. 000	0.0				Reg. Dist.	No.
). c	COUNTY BALTO.		MARYLAND	2. USUAL RESIDENCE (W. o. STATE		If institution: Residence	before admission)
b. C	CITY OR TOWN (If outside corporale limi RURAL and give nearest town)	ts, write c. LENGTH OF	VS	c. CITY OR TOWN (IF	S & W	ls, write RURAL and giv	re nearest town)
d. I	NAME OF HOSPITAL (If not in hospital, gor INSTITUTION / ENN	ive street address)	5	d. STREET ADDRESS	ENNOX	AVE	e. IS RESIDENCE ON A FARM? YES NO V
DEC	ME OF CEASED JOS H	u A	Middle S+	Last ERRETT	4. DATE OF DEATH	Month	Day Year 19 5 8
. SEX	m c		VORCED	8. DATE OF BIRTH	71 8	1 41 3 4	YEAR IF UNDER 24 HRS. lays Hours Min.
To	SUAL OCCUPATION (Give kind of work or uring most of working life, even if retired	FARD	NESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY
3. FAT	THER'S NAME ONES STER	RETT		14. MOTHER'S MAIDEN	NAME A (A) A		
	AS DECEASED EVER IN U. S. ARMED FOR o. or unknown) (If yes, give wor or dates of s		177Fh	NFORMANT	RRETT -	Address 307 LEN	NOTAUE
6	PART I. DEATH Enter only one conformation of the conformation of t	Art	evie	-selvo	tie GV,	Juine	INTERVAL SETWEEN ONSET AND DEATH
GERTIFICATION	PART II. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE COND	TION GIVEN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
	OB. ACCIDENT WAS UNDERLYING TO RECONTRIBUTING TO CAUSE OF DEATH SEITHER, NOTIFY MEDICAL EXAMINER)	206. DESCRIBE HOW INJ	URY OCCURRE	D. (Enter nature of injury in	Port I or Port II of ite	m 18.)	
WEDICAL 200	c. TIME OF INJURY Month, Day, Yee Hour a. st. p. m. 19	While Not while at work at work	foo	ACE OF INJURY (Home, fare story, street, office bldg., et	m, 20f. (City or town) (Co	unty) (Stote)
al	I. I certify that I attended the live on	1-5/	that death	occurred at Ble	PM from the co ADDRESS (Street, city Audit	auses and on the	st saw the decease date stated above
	HYSICIAN'S AME (Type) Bennett A.	Stoen		Luthervi	lle. Md.		(
VI.	URIAL, CREMATION, 22b. DATE THEREO	F 22c. NAME OF	CEMETERY OF	Les .	22d LOCATION (Ci	y, tawn, or county)	Me Co. M.
A. FUI	NERAL DIRECTOR'S SIGNATURE	ADDRESS J - 170/ M	2 ª Ca	ellely DATE	D BY REGISTRAR 4:	Orihun S. Ku	

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08883 CERTIFICATE OF DEATH 8886 Reg. Dist. No. director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY BALTIMORE o. COUNTY MARYLAND death. CITY OR TOWN (If ourside RURAL and give nearest town) b. CITY OR TOWN (If autside corporale limits, write c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) funeral c. LENGTH OF STAY IN 16 Pe ploods PODGER G d. NAME OF HOSPITAL (If not in hospital d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NO TO puo 2 3. NAME OF First Middle 4. DATE Lost Month Day Year filled DEATH (Type or print) 1958 5. SEX 6. COLOR OR RACE 9. AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS. MARRIED M NEVER MARRIED DATE OF BIRTH Months Days Hours Min. WIDOWED [DIVORCED | executed 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dod 000 during most of yorking life, even if retired) pup Salesman carban 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ofter mave 15. WAS DECEASED EVER U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address attending no 18. CAUSE OF DEATH [Enter only one couse peg line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) 422. DUE TO ony Canditions, if any, which signed gove rise to immediate per DUE TO catse (o), stoting the underpup lying couse last burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 14 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Port II of item 18.) SO 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day. 20d. INJURY OCCURRED Year (County) (Slote) foctory, street, office bldg., etc.) Use cremat o. m. While Nat while 19 ot wark of work p. m. 21. I certify that I attended the deceased from 19 1 that I last saw the deceased shauld be detached alive an and that death occurred a M. From the causes and an the date stated above. OR: ADDRESS (Street, gity or town, stote) DATE SIGNED FUNERAL DIRECT ACTUAL the registrar PHYSICIAN'S NAME (Type) 3 226. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR GREMATORY 22d. LOCATION (City, town, or county) (State) pode REMOVAL (Specify 10 23. FUNERAL DIRECTOR'S, SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 '58 Cirthung S. Trans VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08884 Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NOK IF UNDER 1 YEAR IF UNDER 24 HRS. 12. CITIZEN OF WHAT COUNTRY? U.S.A. Address John H. Taylor, 4511 Rokeby Road, Balto.Md. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stote)

4116 Edmondson Avenue

DATE SIGNED

ACTUAL

George A. Knipp. 220. BURIAL, CREMATION, 22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY

Baltimore 29, Maryland 22d. LOCATION (City, town, or county)

Baltimore 23.Md.

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE Funeral Directors Edmondson Ave.

Mt. Olivet

M. D.

24a. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

68885

CERTIFICATE OF DEATH 8888 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY MARYLAND Baltimore Maryland c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) 23 Days Fort Howard Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE OR INSTITUTION ON A FARM? YES NO Veterans Administration Hospital 5623 McClean Boulevard NAME OF DECEASED First Middle 4. DATE Day Yeor OF DEATH 19 58 CLYDE M. TENNYSON. SR. August (Type or print) 5 SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH Months Doys Hours DIVORCED T WIDOWED | December 28.1898 Male White 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? Estimator Steel Engr. Co. Baltimore, Maryland U. S. A. 13 FATHER'S NAME Bessie Lomax Clyde J. Tennyson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Yes Clin.Rec. Vet.Adm. Hospital Ft. Howard. Md. WW-I 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF RIGHT LUNG MONTHS IMMEDIATE CAUSE (0) DUE TO Conditions, if ony, which (6) gove rise to immediate **DUE TO** couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY PERFORMED? YES NO TO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH WEDICAL 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o. m. foctory, street, office bldg., etc.) Not while of work of work ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL VAH. FORT HOWARD, MARYLAND PHYSICIAN'S IRVING FREEMAN, M.D. Chief, Medical Service VAH, Fort Howard, Maryland 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Burial arkwood Cemetery Baltimore, Maryland 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 5005 Harford Road AUG 2 8 '58 arthur & House DATE conard

VS A1S (4) 15M 9/55

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	0888	CERTIFIC	CATE OF DEATI		Reg. Dist. No.
1. PLACE OF DEATH a. COUNTY	Baltimore	MARYLANI	II O STATE IN	here deceased lived. If institution b. COUNTY	n: Residence before admission) Baltimore
RURAL ond give neg	outside corporate limits, write rest town) ingsville	c. LENGTH OF STAY IN 1		outside corporate limits, write RL	JRAL and give nearest town)
OR INSTITUTION	(If not in hospital, give street Jerusalem Rd.	address)	d. STREET ADDRESS	salem Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	jam-el	Losis	Tetlow	4. DATE Mont OF DEATH A 4	h Day Year 1958
5. SEX	W WIDOW		Jan. 6, 1868	lost birthday) 90 yrs.	Manths Days Haurs Min.
Carpenter-I	ng life, even it retired)	KIND OF BUSINESS OR IN Construction		rick, Maryland	12. CITIZEN OF WHAT COUNTRY
	el Tetlow		14. MOTHER'S MAIDEN I		
	IN U. S. ARMED FORCES? yes, give war or dates of service)		Mrs. Ida M. He	dges 3201 E.	st. S. E. Wash. D.
PART I. DEATI 422./ Canditians, if any gave rise to im cause (a), stating th	mediate (T .	ie Heart	feilure	INTERVAL BETWEEN ONSET AND DEATH ONC W CC
Iying couse lost. PART II. OTHE PART III. OTHE OR CONTRIBUTING [If EITHER, NOTIFY M			UT NOT RELATED TO THE TERM		EN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
O TO THE OF INJURY Hour a.m.	EDICAL EXAMINER)	Not while	PLACE OF INJURY (Home, form foctory, street, affice bldg., etc	n, 20f. (City or town)	(County) (State)
	lattended the deceased by 12. 16, 19.	- /	th accurred at 12° A	And the causes of ADDRESS (Street, city or town, s	that I last saw the deceased and an the date stated above DATE SIGNED AND AND AND AND AND AND AND AND AND AN
220. BURIAL, CREMATION REMOVAL (Specify) Burial	22b. DATE THEREOF Aug. 21. 1958	22c. NAME OF CEMETERY Washington		22d. LOCATION (City, town, o	r county) (State) Suitland, Md.

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: Aft as certificate has been signed by the ottending physician and control filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages, Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remayal, and in any event within 72 hours after death.

VS A15 (4) 15M 9/55 M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8890 CERTIFICATE OF DEATH

09980.

									Keg. Dist.	140.	
1. PLACE OF DEATH . COUNTY Baltimore			MARY	LAND	2. USUAL RESIDENCE O. STATE		re deceased li	ved. If institution b. COUNTY	an: Residence	before admi	ssion)
RURAL and give n	9	ts, write	c. LENGTH OF STAY	IN 16	c. city of row	/N (If au	tside carporate	e limits, write R	URAL ond giv	o i . 4	(n)
OR INSTITUTION	TAL (If not in hospital, g		address)		d. STREET ADDR	RESS				ON	SIDENCE A FARM?
Veterans	Administrat	lon	ноѕрітал		1741 Ea	st I	ederal	Street		YES	D NOI
3. NAME OF DECEASED (Type or print)	Fir EDWAF		Middle A.		THOMAS		4. DATE OF DEATH	August	th	27	Year 19 58
s. sex Male	6. COLOR OR RACE Colored	7. MARR	NEVER MARRIE		October 3	3. 18		AGE (In years lost birthday) 60 yrs.		YEAR IF UNE	-
10a. USUAL OCCUPATION during most of work Laborer	ON (Give kind af wark a king life, even if retired		KIND OF BUSINESS OF	R INDUS	TRY 11. BIRTHPLACE	(State o				EN OF WHA	T COUNTRY
13. FATHER'S NAME					14. MOTHER'S MA				1.		
Steven J.	Thomas				Marie F	orbe	es				
15. WAS DECEASED EVI (Yes, no. or unknown) Yes	ER IN U. S. ARMED FOR	and the same of	SOCIAL SECURITY NO.		rormant in.Rec.,Ve	et.Ac	m.Hosp	ital,Ft		rd, Mary	yland
Conditions, if c gave rise to cause (a), stating lying cause last.	the <u>under-</u>)	CONTRIBUTION OF THE	ALL DIT	NOT BELLYED TO THE	C VERIAIN	IAI DISEASE C	CONDITION CIL	VENT INT DA OY	Italia Was	ALLTOREV
BRONCH	OPNEUMONTA	DIIIONS	49/X	AIH BUI I	NOT RELATED TO THE	ETERMIN	ANT DISEASE C	ONDITION GIV	YEN IN PAKI	PERF	ORMED?
	AS UNDERLYING GC CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OF	CCURRED	. (Enter nature af inj	jury in Po	art I ar Part II	of item 18.)			
20c. TIME OF INJUI Havr a.m. p. m.	RY Manth, Day, Yes	While	NJURY OCCURRED Nat white at work		CE OF INJURY (Homary, street, affice bld			town)	(Co	runty)	(State)
21 Londing	hata attended the	docens	ed from Anionie	+ 26	1958	a A111	mist 27	7. 10 5	thest date	eter enerthe	
	Luci V			death		2_N_2	DDRESS (Street	the causes of et, city or town,	and an the	e date sta	
PHYSICIAN'S NAME (Type)	CHIEN WEI							HOWARD			
22a. BURIAL, CREMATION REMOVAL Typecify	SEPT	258	Baltimore	Nat:	crematory ional Ceme	eter	y Balt	imore,	Mary 1		ate)
23. FUNERAL DIRECTO	S'S SIGNATURE		2004 Orlea	ns A	240	a. REC'D	BY REGISTRA		STRAR'S SIGN		
Elrov Wilso	on		Baltimore	Mar	volend DA	ATE OFF	9 '58	an	Thun S. 1	Traus.	

MARYLAND STATE DEPARTMENT OF HEALTH—BASTIMORE, 10

PRINCIPAL DESIGNATION OF THE PRINCIPAL PRINCIP ---the large of the property of the control of the property of th THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. TO PARTY In the official will be a reason and wall. NO. IT. S. F. to be under a thing, full broad Standard

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEATH

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8753	CER	TIFICATE OF	DEATH		Reg. Dist. No	0.
1. PLACE OF DEATH O. COUNTY Baltimofe	MA	o. STATE	esidence (Where dearyland	ceased lived. If institut	ion: Residence bef	fore admission)
b. CITY OR TOWN (If outside carporate limi RURAL and give nearest town) Relay	ts, write c. LENGTH OF ST	/ · · · ·		corporate limits, write l	RURAL ond give no	egrest town)
d. NAME OF HOSPITAL (If not in hospital, g OR INSTITUTION 4932 Cedar Ave	ive street oddress)	d. STREE	T ADDRESS 32 Cedar	Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF PECE SED (Type or print) Charles F.	st Mide		Lost 4. D	ATE Moi	t 26,19	Day Year
5. SEX Male White	7. MARRIED NEVER MAR		1.4,1886	9. AGE (In years Plast birthday) 72 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work of during most of working life, even if retired CONTRACTOR	Construc		HPLACE (State or fore	eign country)	12. CITIZEN	OF WHAT COUNTRY
13. FATHER'S NAME Unknown		14. MOTH	ER'S MAIDEN NAME			
15. WAS DECEASEDEVER IN U. S. ARMED FOR (Yes, no. or unknown) (If yes, give wor or dates of st. Yes) W.W.1		and the second of	Thompson		dar Ave	
Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. CO PART II. OTHER SIGNIFICANT CON	Zon	DEATH BUT NOT RELATED	Orlo THE TERMINAL DI	eriose SEASE CONDITION GIV	Correction PART 1(a)	19. WAS AUTOPSY PERFORMED?
20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING EDICAL EXAMINER!	20b. DESCRIBE HOW INJURY	OCCURRED. (Enter natur	re of injury in Port I o	or Port II of item 18.)		YES NO 2
20c. TIME OF INJURY Month, Day, Yes Hour o. m. 19	or 20d. INJURY OCCURRED While Not while at work at work	20e. PLACE OF INJUI factory, street, o	RY (Home, farm, 20f. ffice bldg., etc.)	(City or town)	(County	r) (State)
21. I certify that I attended the alive on 22 attended the alive on 24 attended the alive on 24 attended the alive on 24 attended the alive on 25 attended the alive of 25	2, 1929 Jond the	deoth occurred	ot 7.4 M, M, Noore	OCATION (Cin Town, Orsey, How	and on the de stote) 227 ar county) ard, Mar	ote stoted obove DATE SIGNE \$\frac{27}{27} (State) \$\text{Ylerid}
23. FUNERAL DIRECTOR'S SIGNATURE Ambrose, Inc. 1328	ADDRESS Sulphur Sp	ring Rd.	DATE AUG 2		istrar's signati Ulun S. Kra	-11-

VS A15 (4) 15M 10/57

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July 19, (DEC. View and the last	Paris company	
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	e distribution of the second	
	Same amount	otherse, last 1738

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 68888 8891 **CERTIFICATE OF DEATH** Reg. Dist. No. M director . PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY b. COUNTSomerset filed, Maryland MARYLAND Baltimore erol b. CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) should 2 Davs Crisfield Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Veterans Administration Hospital Route One YES NO 2 NAME OF DECEASED 4. DATE Middle Last Month 58 ROBERT THORNTON August (Type or print) DEATH 19 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 5. SEX 9. AGE (In years B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. Jost birthday) Months Days Hours July 23, 1903 WIDOWED | DIVORCED | Male 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Commercial Fishing Crisfield, Maryland U. S. A. ouo Fisherman 13. FATHER'S NAME physician Clarence Thornton Sula Mister 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes 214-03-5783 Clin. Rec., Vet. Adm. Hospital, Ft. Howard, Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY PHILMONARY EDEMA AND CONGESTION IMMEDIATE CAUSE (a) RECENT DUE TO ARTERIOSCLEROTIC HEART DISEASE YEARS þ Conditions, if ony, which (b) gave rise to immediate DUE TO cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? YES IN NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Part II of item 18.) 0.5 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a. m. Not while at work at work 21. I certify that the deceased from August 19 , 1958 , to August 21 , 19 58 many that the second May be retained by the VEUNERAL DIRECTOR: page 3 should be detac ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE VAH, FORT HOWARD, MARYLAND PHYSICIAN'S NAME (Type) VA HOSPITAL, FT. HOWARD, MARYLAND CHIEN WEI LAN, M.D.

22c. NAME OF CEMETERY OR CREMATORY Crisfield Cemetery

ADDRESS

22d. LOCATION (City, town, or county)

24a. REC'D BY REGISTRAR

Crisfield. Maryland

24b. REGISTRAR'S SIGNATURE

(State)

VS A15 (4) Wm. Cook-Blight Inc. 6009 Harford Rd. Balto. 14, MdATE AUG 2 6 '58 Shipped to: Himman Funeral Home, Somerset Street, Crisfield, Maryland

220. BURIAL CREMATION. 22b. DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE, Inc.

REMOVAL (Specify)

ofter death. Page

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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								Keg, Dis	1, 140,	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLA	- 11	USUAL RESIDENCE (Vo. STATE Mary		d lived. If institut b. COUNTY		ce before odn	nissian)
b. CITY OR TOWN (RURAL and give n	If outside carporate limi	ls, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN (H	f autside carpo	orate limits, write f	RURAL and g	give nearest to)wn)
NORME ON GIVE II	corest towns			1	Halethorpe	51				
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g				d. STREET ADDRESS)			e. IS I	RESIDENCE
OK INSTITUTION			r Nursing Ho	ome .	L112 Elm R	oad				NO .
3. NAME OF DECEASED (Type or print)	FLOREN		Middle URSULA	TH	Lost UMLERT	4. DATE OF DEATH	Aug		Doy 15	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	☐ B. D.	ATE OF BIRTH		9. AGE (In years lost birthday)	-	TYEAR IF UN	
Female	White	WIDOWE	DIVORCED	O Se	pt. 26, 18	893	64 yrs.	Months	Days Hou	rs Min.
10a. USUAL OCCUPATION	ON (Give kind of wark king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (Sto	te ar foreign c	ountry)	12. CITI	ZEN OF WH	AT COUNTRY?
Homemaker	king ine, even in temeo				Baltimore	e. Mary	rland			
13. FATHER'S NAME				14	MOTHER'S MAIDEN				7 17 17 1	
John H. Sm	ith				Mary A. 1	Forsyth	ne			1000
IS. WAS DECEASED EVE			SOCIAL SECURITY NO.	17. INFO	MANT		Add	lress		- 51
No	(If yes, give war or dates of s	srvicej		Mrs.	Ruth Kelly	v -1112	Elm Roa	d - H	aletho	rpe. Md
Canditions, if a gave rise to i cause (a), stating lying cause last.	the under-	4/0	pesteusii	rasi	rterns	releso	iter the	art &	CEP RK	2 yez
3	eneralis	ed	abeloyage	wel	Carrin	omal	tosis	VEN IN PART	PER	FORMED?
	AS UNDERLYING CONTROL CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCC	URRED. (E	iter nature of injury i	n Part I ar Par	t II of item 1B.)			
20c. TIME OF INJUR Haur o. m. p. m.	RY Manth, Day, Yea	While of work	Nat while	De. PLACE (factory,	OF INJURY (Hame, for street, affice bldg., e	erm, 20f. (City	or town)	(C	ounty)	(State)
ACTUAL SIGNATURE Q PHYSICIAN'S NAME (Type)	Bradley?	_, 125 Zai	E , and that de cole as they	eath ac	12/047	OPM, fran Address (S	treet, city or town,	and an the state) Becco	ast saw the	ne deceased ated abave DATE SIGNED
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	8/19/58	F	Mt. Olivet				TION (City, town, imore Ci			tote)
23. FUNERAL DIRECTOR	'S SIGNATURE	4	ADDRESS	12.	240. REC	C'D BY REGIST		STRAR'S SIG	S. Trans	

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CERTIFICATE OF DEATH

Reg. Dist. No.

	1. PLACE OF DEATH O. COUNTY BALTIMAD & MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE	before admission)
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and gi	TIMBRE
	RURAL and give nearest town)	× PILPAL - 11/PAPILA	12/6
/	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS 920 Rolling Road	e. IS RESIDENCE
0	2920 ROGLING RAIBALTOTING	BT.LUKES LANB	ON A FARM? YES NO-
	3. NAME OF Pirst Middle DECEASED (Type or print) RAPERT (** ARPAIL)	Lost 4. DATE Month OF DEATH	Day Year 28
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF UNDER 1	YEAR IF UNDER 24 HRS.
	MIDOWED DIVORCED	VAII, 40 1894 65 yrs.	Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZ	EN OF WHAT COUNTRY?
	CLARPENTER CARPENTE	2 MARIANO	VISIA.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOCIAL SECURITY, NO.] 17.	Agnes Offutt	
	(Yes, no. or unknown) (If yes, give wor or dates of service) 215 - 09-7537 6	IFE MRSMARY THURSBY BI	O ROLLING RA
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]		INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) REPORT OF THE PROPERTY OF TH	ATOSES	1819011 HS
	153.8 DUE TO	A ST CAF ALL	
Н	Conditions, if ony, which gave rise to immediate (b) CARCENOM	A OF COLON	
	cause (o), stoting the <u>under-</u> lying couse lost. DUE TO (c)		/ 10 A 22 18
	(4)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	I(o) 19. WAS AUTOPSY
)	CATK		PERFORMED? YES NO TO
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT ON ACCIDENT WAS UNDERLYING OR CONTRIBUTING OLIVEY OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)	
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. ft. Pp. m. 19 While of work of work	ACE OF INJURY (Home, farm, 20f. (City or town) (Co	unity) (Stote)
	Hour a. ft. p. m. 19 While Not while for work of work	ctory, street, office bldg., etc.)	
	21. I certify that I attended the deceased from NOVENEGO	, 19/9530 AUGUST 8, 1958, that I lo	st saw the deceased
	111101000000000000000000000000000000000	occurred at 4:45P.M. from the causes and an the	
	di Up	ADDRESS (Street, city or town, state)	DATE SIGNED
1	SIGNATURE Surve Hollerpent,	M.D. 8204 LIBERTYRd ; BALT	0.7.M181458
	PHYSICIAN'S EDWIN L. PERPONT, MILL NAME (Type)	0. 8204 21BERTY RL; BALT	TO, T, MAPYLAND
	220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGN	ATURE
	Samuel Commercial /	DATE DATE	

ly filled in by the funeral director, pages 1 and 2 shauld be filed with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitation ottending physicion.

TO FUNERAL DIRECTOR: After retrificate has been signed by the ottending physicion and comp page 3 should be detached for use as the burial-transit permit. Then please remove corbon pape the registror priar to burial, cremation, or removal, and in any event within it houringfiler death.

VS A15 (4) 15M 9/55

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	Duston View	
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St. Bart St. St. St. St. St. St. St. St. St. St		
		Delivered Contraction

08891 8894 CERTIFICATE OF DEATH Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. Il institution: Residence before admission) o. COUNTY b. COUNTY Balto. MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town)
Catonsville Md. Baltimore d. NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? House in The Pines William St. YES NO T NAME OF 4. DATE First Middle Month (Type or print) DEATH 19.3 5. SEX 6. COLOR OR RACE 7. MARRIED THEYER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years lost birthdoy) Months Doys female Nov. 18,1901 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign cauntry) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Housewife Balto. Md. U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME William Thompson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Timbs-husband-1538 William St. no none 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Canditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO P 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED Doy, Year (County) (Stote) foctory, street, office bldg., etc.) Hour o. m While Not while of work of work 25 21. I certify that I attended the deceased from 5-11-1958, that I last saw the deceased ____ 1958 to_ 1958, and that death accurred at 11.596M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) 6209 Frederich NAME (Type) 220. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Lorraine Park Balto. Md. 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR UNERAL HOME 1216S. Charles St. DATE AIG 2 9 '58 arthur & Hour · Krause

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital physician. TO FUNERAL DIRECTOR: After, certificate has been signed by the attending physician and competely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon paper Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hayr after death.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 2295

CEDTIEICATE OF DEATH

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	0000	CERTIFIC	AIE OF DEATE			Reg. Dist. N	0.	
1. PLACE OF DEATH o. COUNTY Baltime	ore	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland		b. COUNTY	Residence bel Baltimo:	ore admissi	ion)
b. CITY OR TOWN RURAL ond give Catonsvi		c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of 53 Dundalk	outside corporate	limits, write RU	RAL and give n	earest town)
d. NAME OF HOSP OR INSTITUTION	ITAL (If not in hospital, give stree		d. STREET ADDRESS 2806 York	cway				IDENCE FARMS
3. NAME OF DECEASED (Type or print)	First Mai	Middle E	Trusel	4. DATE OF DEATH	Month	0		Yeor
5. SEX Female	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED	8. DATE OF BIRTH 3-26-74	9.		Months Days	R IF UNDE	R 24 HRS. Min.
10a. USUAL OCCUPATI	ION (Give kind of work done 10th rking life, even if retired)	. KIND OF BUSINESS OR IND	Dawson.		(v)	12. CITIZEN		COUNTRY
13. FATHER'S NAME			14. MOTHER'S MAIDEN					
Toh	n W. Wright		Susan Pat	terson				
	ER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		INFORMANT Wm.W. Truexel	- 415 8	Addre So.Trent			sburg
	ATH [Enter only one cause per ATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO	greatain	1 Infancti	W 21		10	TERVAL BE	DEATH
gove rise to couse (o), stoting lying couse last.	immediate DUE TO	Hyles Turain	A Carolio - Yas	nulas INAL DISPASE CO	Division Give	N IN PART 1(a)	155	AUTOPSY
PART II. OT	'AS_UNDERLYING 206. DE	SCRIBE HOW INJURY OCCURR					PERFO YES	NO P
OR CONTRIBUTING	G CAUSE OF DEATH Y MEDICAL EXAMINER)	SCRIBE FIOW HOOK! OCCURR	ED. (Ellier holore or injury in	ron For Fact III	or frem to.,			
20c. TIME OF INJU Hour o. m. p. m.	10 While	Not while f	LACE OF INJURY (Hame, form actory, street, office bldg., etc	20f. (City or	town)	(County	')	(Stote)
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220. BURIAL, CREMATIC REMOVAL (Specify RemoVa)	1)	22c. NAME OF CEMETERY O	OR CREMATORY	•	dale, Pe		(Stote	e)
23. FUNERAL DIRECTOR		Balta.	mal) 240. REC'	D BY REGISTRAI	266 REGIST	RARIS HONATI	JRE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

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	8896	CERTIFIC	ATE OF DEAT	Н	Reg. Dist	. No.
1. PLACE OF DEATH o. COUNTY	Balto.	MARYLAND	2. USUAL RESIDENCE W	here deseased lived	. If institution: Residence b. COUNTY	e before admission)
GWAL and give not	1171	c. LENGTH OF STAY IN 16	c. CHI OR TOWN (IF	outside corporate lie	mits, write RURAL and gi	ve nearest town)
OR INSTITUTION	(If not in hospital, give street)	oddress)	d. STREET ADDRESS			•. IS RESIDENCE ON A FARM? YES NO W
3. NAME OF DECEASED (Type or print)	Munice	uid(g)	Ude	4. DATE OF DEATH	706. 3	Day Yeor
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13. FOTHER'S NAME	mailin	1	14. MOTHER'S MAIDEN	NAME		
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PART I. DEATH	T [Enter only one couse per line I WAS CAUSED BY: MMEDIATE CAUSE (o)	ne for (o), (b), and (c).	Hemanh	-0/		INTERVAL BETWEEN ONSET AND DEATH
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CATIC						PERFORMED? YES NO
200. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	EDICAL EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Port I or Port II of	item 1B.)	
20c. TIME OF INJURY Hour o. m. p. m.	Month, Doy, Year 20d. II 19 While of wor	_ Not while _	PLACE OF INJURY (Home, for foctory, street, office bldg., et		wn) (Cc	ounty) (State)
21. I certify that	I attended the deceas		19.39, to 8	/		ast saw the decease
ACTUAL SIGNATURE Zan	l L. Chamb	un —	M.O. 4108 fil		ity or town, state) - Balta - 4	e date stated abov PATE SIGNE 7-h-5-3
PHYSICIAN'S E	Ir/ L. Cha	mb=rs.	41084	bertylt	13- Balta-	7. mil -
220. JURYAL, CREMATION,	8-4-58	22c. NAME OF CEMETERY	OR CREMATORY	12d. JOSATION (City, town, or county)	1/4 (Stote)
23. EUNERAL DIRECTOR'S	SIGNATURE MICHULI (-	ADDRESS Have	Pod DATE A	UG 6 '58	246 REGISTRAR'S SIG	NATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospitation of attending physicion.

2 FUNERAL DIRECTOR: After certificate has been signed by the ottending physician and compage 3 should be detached for use as the burial-transit permit. Then please remove carbon page the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours ofter death. may be retained by the hospit TO FUNERAL DIRECTOR: After VS A1S (4) 15M 9/SS

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 2297

CERTIFICATE OF DEATH

S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (in year) 10. USUAL OCCUPATION (Give kind of work done) 10. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT (Carpenter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course per line for (o). (b). and (c). 18. CAUSE OF DEATH (Enter only one course per line for (o). (b). and (c). 19. PART I. DEATH WAS CAUSED BY. 10. SITE AND KIDNEY INFARCTIONS 10. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH (Enter only one course per line for (o). (b). and (c). 19. PART I. DEATH (Enter only one course per line for (o). (b). The part I. DEATH (Enter only one course per line for (o). (c). 19. WE 19. OCCUPATIONS	
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d. NAME OF HOSPITAL (If not in hospital, give street oddress) d. STREET ADDRESS Road Route 13, Box 225, Holly Road Road Route 13, Box 225, Holly Road Road	
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100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter Construction Detroit, Michigan U. S. A. 11. MOTHER'S MAIDEN NAME John Weymouth 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Ver. no. or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT Yes 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) AND KIDNEY INFARCTIONS Conditions, if ony, which gove rise to immediate couse (o), stoling the under: lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS A PERFOR YES ON ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) 19. WAS A PERFOR YES ON ACCIDENT WAS UNDERLYING CONTRIBUTING COURSE OF DEATH [IF EITHER, NOTIFY MEDICAL EXAMINER] 200. ACCIDENT WAS UNDERLYING CONTRIBUTING COURSED. (Enter noture of injury in Port I or Port II of item 18.)	
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220. BURIAL, CREMATION, Part THEREOF Stole) 8-8-58 Baltimore National Cemetery Baltimore, Maryland 22d. LOCATION (City, town, or county) (Stole)	
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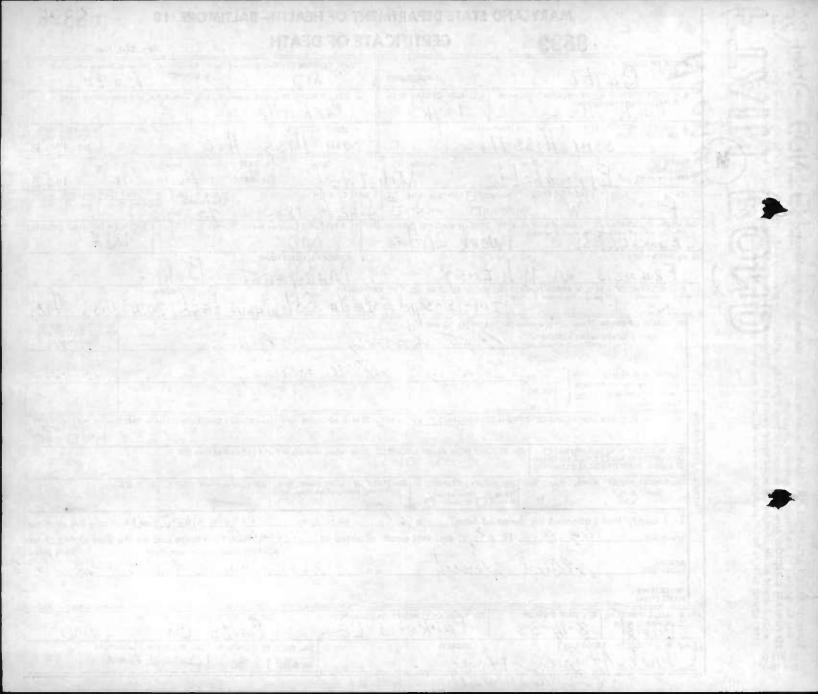
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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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	1. PLACE OF DEATH O. COUNTY Bulfimore		MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If ins b. COU		are admission)
	b. CITY OR TOWN (If outside corporate RURAL and give nearest tawn)		LENGTH OF STAY IN 16	c. CITY OR TOWN (If au Baltim		ite RURAL ond give ne	carest town)
	d. NAME OF HOSPITAL (If not in hospite OR INSTITUTION	state,		d. STREET ADDRESS	shall		ON A FARM? YES NO
		First . LLIE	Middle	Wheat	4. DATE OF DEATH		oy Year 15 19 58
	tem. W	WIDOWED		8. DATE OF BIRTH	9. AGE (In y last birthd		R IF UNDER 24 HRS. Hours Min.
	10a. USUAL OCCUPATION (Give kind of w during most of working life, even if ret House work	ork dane 10b. KIN 1777	COLALE OF	Maryla.	nd		S. A ,
1	13. FATHER'S NAME Sucob Seib	ext			Schaefer		
	15. WAS DECEASED EVER IN U. S. ARMED [Yes, no or unknown] [If yes, give wor or date	of carriers	11-20-4842	Mis. Cather	ne Rowe	712 Harr	ey St., Bul
	18. CAUSE OF DEATH [Enter only on PART 1. DEATH WAS CAUSED IMMEDIATE CAUS 142.0 DUE Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	Pulm to Caro	nonary and ac	drenal metasta e right paroti		ON	ERVAL BETWEEN SET AND DEATH
	PART II. OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OTHER SIGNIFICANT OF THE PART III. OTHER SIGNIFICANT OT						19. WAS AUTOPSY PERFORMED? YES
		TH (R)		D. (Enter nature of injury in Po		.)	
	20c. TIME OF INJURY Month, Day, Haur a. m. p. m.	Year 20d. INJUR While at wark	Nat while fa	ACE OF INJURY (Hame, farm, ctory, street, affice bldg., etc.)	20f. (City or tawn)	(County)	(Stote)
,	SIGNATURE	achsl	ond that death	occurred of 1:05a.		awn, state)	
	TVAINE (TYPE)	achsler,			lle 28, Mar	yland	
1	220 BURIAL, CREMATION, 22b. DATE THE REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE	REOF 22	ADDRESS	العد	22d. LOCATION (City, to Which the BY REGISTRAR 24b. 1	wn, or county) REGISTRAR'S RIGNATU	(State)
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SERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERT	TIFIC	ATE	OF	DEA	TI-
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	8901	CERTIFIC	CAI	OF DEATH			Reg. Dist.	. No.	
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLAN		usual residence (who state Maryla		lived. If institutio b. COUNTY	n: Residence Balti		ission)
b. CITY OR TOWN (RURAL ond give n	(If outside corporate limits, we leavest lown) Middle River	c. LENGTH OF STAY IN 1		c. CITY OR TOWN (If or Middl	utside corporo		JRAL and giv	ve nearest to	wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, give si 4 N. Hawt)		1	d. STREET ADDRESS 4 N.	Hawtho	rn Rd.		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	first Walt	Middle er A.	W	ilhelm	4. DATE OF DEATH	Mont	h 1g.	Doy 15,	Yeor 1958
s. sex Male	100 1 1	MARRIED NEVER MARRIED DOWED DIVORCED		an. 27, 191		AGE (In years last birthdoy) 48 yrs.		YEAR IF UN Poys Hour	-
during most of wor	ON (Give kind of work done tking life, even if retired)	106. KIND OF BUSINESS OR IN Crown Cok & Se		11. BIRTHPLACE (Stole of Pennsylva		intry)		EN OF WHA	AT COUNTR
13. FATHER'S NAME	Henry Will	helm	14	. MOTHER'S MAIDEN N Sarah	Young				
15. WAS DECEASED EVE (Yes, no. or unknown)	ER IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		7. INFOR			Addre	. Hawt	horn F	ld.
	ATH [Enter only one couse parth WAS CAUSED BY: [MMEDIATE CAUSE (o)]	,	THR	OMBOJIS				INTERVAL ONSET AN	
Conditions, if of gove rise to it couse (a), stating lying couse lost.	the under DUE TO	ALTELIOSCLEROT	14	CARDIOVASEV	ngr	DISEASE		3	γ.
PART II. OT		ONS CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMIN	NAL DISEASE	CONDITION GIVI	EN IN PART	PER	S AUTOPSY FORMED?
	AS UNDERLYING 20b. CAUSE OF DEATH MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Er	nter noture of injury in P	art I or Port I	I of item 18.)	ME		
20c. TIME OF INJUI Hour o. m. p. m.	V	Od. INJURY OCCURRED 20e. /hile Not while work of work	PLACE (OF INJURY (Home, form, street, office bldg., etc.	20f. (City o	or town)	(Co	unty)	(State)
ACTUAL SIGNATURE	Joseph of	raino		curred at CITLA 11	M, from	1		date sta	
PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATIC REMOVAL (Specify		22c. NAME OF CEMETER Belair M		EMATORY ial Gardens		ON (City, town, o	r county) Md.	(\$1	lofe)
23. FUNERAL DIRECTOR	To SIGNATURE	ADDRESS THOI BO	las	PAL DATE	G 1 9 '5		TRAR'S SIGN	Traus.	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 8902 directo PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Baltimore P Fort. Howard d. NAME OF HOSPITAL (If not in hospitol, give street address) OR INSTITUTION davs d. STREET ADDRESS Veterans Administration Hospital 73 Winters Avenue NAME OF DECEASED 4. DATE Middle ELMER DEATH (Type or print) WILLIAMS August 9. AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. | lost birthday) | Months | Days | Hours | Min 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 5. SEX B. DATE OF BIRTH WIDOWED | DIVORCED Male Negro executed 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Construction Baltimore. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mamie Henley Amos Williams 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address Yes Clin.Records, Vet. Adm. Hosp. Ft. Howard. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARCINOMA OF STOMACH WITH GENERALIZED METASTASES DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY BRONCHOPNEUMONIA LEFT LOWER LOBE 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. (City or town) foctory, street, office bldg., etc.) Hour o. m Not while of work of work 21. I certify that Wattended the deceased from June 21, 19.58, to August 15 19.58, that the deceased from June 21, 19.58, to August 15 19.58, that the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, to August 15 19.58, the deceased from June 21, 19.58, the deceased ative process and on the dote stated above. ADDRESS (Street, city or town, state) ACTUAL VAH FORT HOWARD, MARYLAND PHYSICIAN'S NAME (Type) CHIEN WEI LAN, M. D. VAH, Fort Howard, Md. FUNER 22b. DATE THEREOF 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) Burial Baltimore National Baltimore, Md 0 23. FUNERAL DIRECTOR'S SIGNATURE 240. REGIGBY REGISTRAR 24b. REGISTRAR'S SIGNATURE arthur & Kuns VS A15 (4) DATE

e. IS RESIDENCE ON A FARM?

Day

U.S.A

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

10 Months

PERFORMED?

YES X NO

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Reg. Dist. No.

Funeral Home, 928 E. North Ave. Baltimore, Md.

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TO DEPUTY MEDICAL EX	cute the certificate, wri	forworded to the Chief	TO FUNERAL DIRECTOR:	or remaval.	
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 8903 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

1.	pLACE OF DEATH a. COUNTY	Baltimore		MARY	LAND	2. USUAL RESIDEN G. STATE	avland		institutio OUNTY	on: Resid	ence be	fore admi	ission)
	b. CITY OR TOWN (If and give nearest town)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY	IN 1b	c. CITY OR TOY	WN (If outside	corporote limits,	write RL	JRAL one	d give n	earest fa	wn) /
	Catonsvi			1 mth 110		Balt	imore		3	3 VC	0/-	4	
		OVE STATE		spitol, give street addres	s)	d. STREET ADDI		ly Stre	et			ON	A FARM?
3.	NAME OF DECEASED (Type or print)	Fir Osca	-	Middle Perry		Winegar	4. DATI OF DEA		Month Aug	nst	Day	Υ	9 58
5.	SEX	6. COLOR OR RACE	7. MARRI	IED THEVER MARRIED	8.	DATE OF SIRTH		9. AGE (in y	eors If				ER 24 HRS.
L	male	white	WIDOWE	DIVORCED		Oct. 27,	1875	lost birthdog	yrs. N	Aonths	Days	Hours	Min.
10	o. USUAL OCCUPATION during most of working retire	g life, even if refired)		Canned Goo		11. BIRTHPLACE	(Stote or foreig	an country)			ZEN O		COUNTRY
13	. FATHER'S NAME				U. D	14. MOTHER'S MAI	DEN NAME			1			
	Jame	s Winegar				Suzan	ne Hick	S					
15 (Ye	. WAS DECEASED EVI	R IN U. S. ARMED FO (If yes, give wer or dates of	service)	SOCIAL SECURITY NO.		FORMANT		A	dress				
-	unknown			Jnknown	Re	cords: S	PRING	GROVE	STAT	E H		ITAL	
	PART I. DEAT	iote couse	a	les padie	Edick 2	die j	Jail. gen	deso	g d		ONSE	T AND DEA	en ith
CERTIFICATION	Ma	ER SIGNIFICANT CON	DITIONS OF	ontributing to DEATH	BUTN	OT RELATED TO THE	TERMINALDISE	ASE CONDITION	N GIVEN	I IN PAR		PERFO	AUTOPSY RMED?
MEDICAL CERTIFI	20a. EXTERNAL CAU PRIMARY or CON CAUSE OF DEATH. 20c. TIME OF INJUR Hour o. m. p. m.	903.0	Susta r 20d.	E HOW INJUST OCCUR 950, patien ining frac INJURY OCCURRED 20 Not while ork at work	e. PLAC	hip whi E OF INJURY (Home ry, street, affice bldg	Ch was c, form, 20f. (0	er backw	aras at S	WY (Co.	nile Leme	s Ho	of home, spita
	21. I certify th	at I took charge	of the	remains described	abov	e, held an Au		Inspection			~ ~		ind that
				Accident [],				Undetermin			_	, unu i	ma ma
	ACTUAL	ler. K.	2.10	cieffe	_	M.D. CHIEF MEDIC	CAL EXAMINER					DATE S	IGNED
	EXAMINER'S NAME (Type) (George M. K	ieffe	er, M. D.			MEDICAL EXAMINE	-				8-1	4-568
220		8-15-58	F	22c. NAME OF CEMETE Gravel Hi		CREMATORY Cemetery		cation (City, to shire,	Ohio			(Stote)
	FUNERAL DIRECTOR'S		1217	ADDRESS St. Paul St	ree	24o.	REC'D BY REG	'58 24b.	REGISTR.				

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MARYLA	AND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18
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8754	CERTIFICA	ATE OF DEATH	1	Re	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (WHO STATE Marylan			esidence before	
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) Halethorpe	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF of 5/ Hale tho		mits, write RURAL	ond give near	rest fown)
d. NAME OF HOSPITAL (If not in hospital, give street of INSTITUTION 5558 Link Ave		/ d. STREET ADDRESS 5558 L1	nk Ave.			ON A FARM2 YES NO
3. NAME OF First DECEASED (Type or print) John	J. Wol	Last 1	4. DATE OF DEATH	Month ug . 23	, 1958	
Male White WIDOW	ED DIVORCED	B. DATE OF BIRTH Dec. 22.18	75	82 yrs. Mo	NDER 1 YEAR	Hours Min.
	kind of Business or Indu	STRY 11. BIRTHPLACE (Stole	or foreign country		2. CITIZEN OF	A.
ha. Father's Name Edward Wolf		14. MOTHER'S MAIDEN N				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)		nformant nest J. Wo	olf	Address 5558		
18. CAUSE OF DEATH [Enter only one couse per line PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o). Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse lost. (c)	etastitic (Ha.	hung	ONSE	RVAL BETWEEN ET AND DEATH MILL
PART II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONDITIONS CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT				N PART 1(a) 19	PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d. In Hour o. m. While	NJURY OCCURRED 20e. PL Not while foo	ACE OF INJURY (Home, form story, street, office bldg., etc.	, 20f. (City or to	wn)	(County)	(Stote)
21. I certify that I attended the decease alive an 192 ACTUAL SIGNATURE Buyguist Mc	ond that death	accurred at /6 30/		causes and	an the date	
220. BURIAL, CREMATION, BURIAL (Specify) Aug. /5	20c. NAME OF CEMETERY O		22d. LOCATION (City, town, or cou	, ,	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE Director		24a. REC'I	BY REGISTRAR	24b. REGISTRAR	'S SIGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 08902 CERTIFICATE OF DEATH Rea. Dist. No. with director PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY 17 MARYLAND b CITY OR TOWN (If outside corporate limits, write uneral c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 pe RURAL and give nearest town) ploods d. NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO T DATE NAME OF Middle Month Day Year DECEASED (Type or print) DEATH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 19 COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH WIDOWED TO DIVORCED [USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 1. BIRTHPLACE (Staty or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? 13. FATHER'S NAME 14. MOTHER'S MATDEN NAME remove WAS DECEASED EVERAN U. S. ARMED FORCES? 116, SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH a PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which (6) gave rise to immediate **DUE TO** casse (o), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY Day. 20e. PLACE OF INJURY (Home, form, Month. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Hour a. m. Not while at work at work 21. I certify that I attended the deceased fram. .. that I last saw the deceased alive on and that death accurred at le - 18 M, fram the causes and an the date stated above. ACTUAL ploods PHYSICIAN'S NAME (Type) FUNER 220. BURDAL CREMATION / 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

8	3904		CERTIF	IC/	ATE OF DEATH	•		Reg. Dist	. No.	
1. PLACE OF DEATH a. COUNTY Ba.	Ltimore	193	MARYL	AND	2. USUAL RESIDENCE (Whe	ere decease	d lived. If institution b. COUNTY			
b. CITY OR TOWN (If a RURAL and give near Reiste)	outside corporote limitest town)		2 yrs	v 1b						
OR INSTITUTION					d. STREET ADDRESS 285 Chats	wort	h Ave.		10	RESIDENCE A FARM?
DECEASED _		-	Middle Wrigh	t	Lost	4. DATE OF DEATH			Day	Yeor
a. COUNTY Baltimore b. CITY OR TOWN If outside corporate limits, write RURAL ond give mores town) Reisterstown Reisterstown d. NAME of MOSPITAL (If not in hospitol. give street address) RINSTITUTION 285 Chatsworth Ave. 3. NAME OF DECERTS COLOR OR RACE 7. MARRIED NEVER MARRIED BLAIF OF BISTH (If per pinn) Blanche C. Wright 5. SEE 6. COLOR OR RACE 7. MARRIED NEVER MARRIED BLAIF OF BISTH March 7, 1871 100. USUAL OCCUPATION (Give kind of work done lobe. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or for Ontario, C.E. 13. FATHER'S NAME Henry Reddick 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSE BY: MARKEDIAL CAUSE (o) CONDITION. 16 (c) PART II. OF ALL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART II. OF ALL SECURITY NO. 17. INFORMANT NO 19. TORON MARY OUR TO CONDITION. 16 (o). PART II. OF ALL SECURITY NO. 17. INFORMANT NO 10. CONTRIBUTION. 17. INFORMANT NO 10. CONTRIBUTION		9. AGE (In years last birthday) 87 yrs.	IF UNDER T		IDER 24 HRS					
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	ft hemin	olegi	.2					EN IN PART	PER	FORMED?
	UNDERLYING CAUSE OF DEATH COLCAL EXAMINER)	20b. DESC		CURRE	D. (Enter noture of injury in Po	art I or Port	II of item 1B.)			
20c. TIME OF INJURY Hour o. m. p. m.	one	While	Not while no	ne PL/	ACE OF INJURY (Home, farm, story, street, office bldg., etc.)	20f. (City		(Co	ounty)	(State)
21. I certify that alive on 8-5	1 attended the -58	decease	d fram.11-26-	-56	19, to8 accurred at_2_P	_6_5 .M, from	the causes a	nd on the	ost sow the	e decease
ACTUAL SIGNATURE	LACE OF DEATH COUNTY Baltimore CUNTY Baltimore C. CITY OR TOWNS (If outside corporate limits, write EURA) and give inercest form) Reisterstown Reisterstown Rospital (If not in hospital, give street address) CR INSTITUTION 285 Chatsworth Ave. AMME OF MOSPITAL (If not in hospital, give street address) CR INSTITUTION 285 Chatsworth Ave. AMME OF MOSPITAL (If not in hospital, give street address) CR INSTITUTION 285 Chatsworth Ave. AMME OF MOSPITAL (If not in hospital, give street address) CR INSTITUTION 285 Chatsworth Ave. AMME OF MOSPITAL (If not in hospital, give street address) CR INSTITUTION 285 Chatsworth Ave. AMME OF MOSPITAL (If not in hospital, give street address) CR INSTITUTION 285 Chatsworth Ave. AMME OF MOSPITAL (If not in hospital, give street address) CR INSTITUTION 285 Chatsworth Ave. AMME OF MOSPITAL (If not in hospital, give street address) CR INSTITUTION 285 Chatsworth Ave. AMME OF MOSPITAL (If not in hospital, give street address) CR INSTITUTION CR INSTITUTION					DATE SIGN				
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 DOOF

CERTIFICATE OF DEATH

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1. PLACE OF DEATH a. COUNTY Balt	0.		MARYLAND	a. STATE		e deceased	lived. If institution b. COUNTY				in) o
		ls, write c. L	ENGTH OF STAY IN 16			side corpor	ate limits, write R	URAL and	give nea	rest tawn)	
OR INSTITUTION		ive street addre	:55)			Oak A	ve.		1	ON A I	FARM?
3. NAME OF DECEASED (Type or print)			Middle R.	YINGLING	1	OF DEATH			Day	21	58
Description of the control of the co											
Housewife	PLACE OF SEATH S. COUNT B.1 LO. MARYLAND B. LO. S. TAKE M. D. CTIV OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN If avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN IT avaida to the corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN IT avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN IT avaida to the corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN IT avaida corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN IT avaida to the corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN IT avaida to the corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN IT avaida to the corporate limit, write c. LENGTH OF STAY IN 16 B. CHO OR TOWN IT avaidance of the corporate limit, write c. LENGTH OF STAY IN 16 B. COLOR OR STAY IN 16 B. CHO OR TOW	COUNTRY									
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200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	☐ CAUSE OF DEATH	20b. DESCRIBE	HOW INJURY OCCURR	ED. (Enter nature of i	njury in Pa	rt 1 ar Part	11 of item 18.)				A
Haur a.m.		While	Nat while	ACE OF INJURY (Ha actory, street, affice b	ime, farm, ildg., etc.)	20f. (City	or tawn)	0	(County)		(State)
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 089058906 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE Rea. Dist. No. HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. COUNTY b. COUNTY Page Baltimore Balltimore Health, Maryland MARYLAND files. b. CITY OR TOWN (If outside corporate limits, write EURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporote limits, write RURAL and give nearest town) and give nearest town) your 40 livrimth19dvs Baltimore Caton sville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE for ON A FARM? 1916 Merritt Avenue HOSPITAL STATE **GROVE** ĕ SPRING YES NO retained NAME OF 4. DATE Stat First Middle Lost Month Year DECEASED 58 M. Yost DEATH August Mary 19 (Type or print) 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Days Hours white female WIDOWED A DIVORCED T June 2, 1877 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Pagi U. S. A. Maryland housewife Sive Pages 1 form PM3. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Rose Wikulitz Mikulitz XXECK XGECK Joseph Dornack 17-20-213 1Z INFORMANT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? Address (If yes, give war or dates of service) HOSPITAL STATE SPRING GROV E Records: 40 Ilriknown no INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ō buriol-transit Office DUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. O 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT I DISEASE CONDITION GIVEN IN PART I(a) CERTIFICATION 0 0 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notyce of injury in Part I or Part II of item 18.) Pt. fell floor sustaining an intertrochanteric frac. of left femur 20d. INJURY OCCURRED 2Ge. PLACE OF INJURY (Home, form, 120f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) factory, street, office bldg., etc.) While Catonsville 28, Maryland at work of work hospital 21. I certify that I taak charge of the remains described above, held an Autopsy , Inspection . Inquiry A and in my 00 certificate, v. farwarded t apinion death resulted fram: Natural causes , Accident Suicide , Hamicide , Undetermined manner DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE 4 shauld be f ASSISTANT MEDICAL EXAMINER 8-4-58 **EXAMINER'S** George M. Kieffer, M. D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) 9 40 Baltimore Co.Md Buria Cemetery **ADDRESS** 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME DATEAUG 7 5M 2/57

	CERTIFICATE OF DEATH	ACDICAL ENAMINER'S	19908
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etely filled in by the funeral director. s certificate has been signed by the attending physician and ca TO FUNERAL DIRECTOR: Afrequency 3 should be detached to

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4

7	8307	Reg. Dist. No.
M	1. PLACE OF DEATH o. COUNTY Science . Co . MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY
	b. CTO OR TOWN (If outside corporate limits, write RURAL and give nearest town)	ATY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
00	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION OR INSTITUTION	d. STREET ADDRESS OD OSborne ave 9. IS RESIDENCE ON A FARM? YES NO OT
	3. NAME OF DECEASED Bertha E. Maiser	lost 4. DATE Month Doy Yeor OF DEATH AND 15 195
	Female W WIDOWED DIVORCED	DATE OF BIRTH 9. AGE (In Goars IF UNDER 1 YEAR IF UNDER 24 HRS. Indian Indian
death.	10a. USUAL OCCUPATION (Give kind of work done during most of warking life, even if (etired)	md. U.S.a
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72 hou	15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INF	or Paris Maises
ent within	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	Janombozes Interval BETWEEN ONSET AND DEATH
nd in any ev	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	idio Vaseula Visiare 9 years
noval, or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 260X LUGULO MULLING	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
o re	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	(Enter nature af injury of Port t or Port II af item 18.)
emotion	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 40c. PLAC foctor 4 work at work 4 work 5	E OF INJURY (Home, form, 20f. (City or tawn) (County) (State) ry, street, office bldg., etc.)
burial, cr	21. I certify that I attended the deceased from 1 alive on 1958, and that death a	, 1930, ta , , , 1922 that I last saw the decease accurred at 1,52M, from the causes and an the date stated above
prior ta	ACTUAL Elist W. Lehmon M.	DATE SIGNI D.3432 Medicional Continue Gild
gistrar	PHYSICIAN'S ELIOT W. JOHNSON	V. M.D. 29 mil
, e	22g. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR COLDON	PARK Bulto md.
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